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ON LOAN

Health and Welfare Services



CORNWALL
1970

CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1970

H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law

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HEALTH COMMITTEE
(as constituted at 31st December, 1970)

Chairman:

MRS. KATHLEEN DALE

Vice-Chairman:

R.F. SMITH

Members:

A. ANDREW	S.J. JEFFERY
R.C. BATH	R.J. JULYAN
H. BRAY	J.R. NICHOLAS
S.J.L. CHUBB	L. RODDA
S. CLYMA	M.R. SCOTT
Dr. D.G.W. CLYNE	J.M. TAMBLYN
J.J. DANIEL	Mrs. C.E. THOMAS
Mrs. L. GARSTIN, M.B.E.	Mrs. E. V. TOWNSEND
W.F. GLUYAS	T.C. WAKFER
F.L. HARRIS, O.B.E.	H.C. WILLIAMS
Mrs. J.M. HART	Mrs. M.F. WILLIAMS, O.B.E.
A.D.R. HENDY	Mrs. D.M. WILLS
R.R. HOBBS	Mrs. F.I. WOOD

Co-opted Members:

Dr. D. HOOKER	British Red Cross Society
Dr. W.L. STEWART	St. John Ambulance Brigade
M. HARBER	Local Dental Committee
Dr. E.B. HUGHES	Local Medical Committee
J.C. PENBERTHY	

Ex-Officio:

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Finance Committee

The work of the Health Committee is largely done through the following Sub-Committees:

Ambulance Sub-Committee

Estate Management Sub-Committee

General Sub-Committee

Maternity and Child Welfare Sub-Committee

Welfare Sub-Committee

To: The Chairman and Members of the Cornwall County Council.

Sir,

I have the honour to present the Annual Report on the Health of the County for the year 1970.

The theme of 1970 like its predecessor has been achievement in many fields, but with the wind of change blowing like a gale through all walks of life, the year has seen many changes and has been the setting for further changes shortly to come.

The Labour Government published a second Green Paper on the future of the National Health Service and this has since been superseded by a consultative document — so that at the time of writing the present Government's final intentions are shortly expected to be published in the form of a White Paper. The overall pattern however clearly emerged after the passage of the Local Authorities Social Services Act by the Labour Government in its last days in office. This envisaged the setting up of Local Authority Social Services Departments in April 1971 to deal with social work for families which previously had been divided between Welfare, Health and Childrens Departments, so leaving the way clear for amalgamation of the three arms of the National Health Service, (Hospital Services, Executive Councils, and Local Health Authorities) as from 1st April, 1974. Such an amalgamated service should in theory benefit patients by ensuring best use of limited resources, by assisting formation of an overall strategy in respect of maintenance of health and reduction of sickness, and in reducing some of the delays and frustrations which are almost inevitable with so complex a system as the present one. However, reorganisation is no panacea and to be successful it must not only achieve these objects, but also maintain the close links at present existing between health and welfare services. The present intention appears to be administration of the Health Service by ad hoc bodies, but if such a course is to retain the long term confidence of the public there must be provision for some element of democratic control and strong links with the new local authorities which are also expected to come into being in 1974.

Another important piece of legislation affecting the welfare of patients was the "Chronic Sick and Disabled Persons Act" which has greatly widened the powers of Local Authorities to assist the handicapped in the community. A good deal was already being done in Cornwall in this connection, but the effect of the Act and its consequent publicity has led to a rapid increase in the assistance being given to many unfortunate sufferers.

A milestone was passed in the Welfare Services with the opening of two new homes for the elderly at Liskeard and Callington on the usual 48 bed single storey pattern. This enabled the County Council to withdraw all remaining patients from Lamellion Hospital — the last of the Poor Law institutions in the County still being used to house the elderly. The County Council now has a proud record in this respect with purpose built homes in Bodmin, Wadebridge, St. Austell, (which replaced

Sedgemoor Priory), Launceston and Truro in addition to the specialist homes in Redruth and Camborne. During the year it became evident that need for psycho-geriatric care as pioneered at the Green had grown to the extent that a further home of this kind was required and accordingly the home being built at Carbis Bay was allocated for this purpose. Work was also started at Helston on a new home designed with an interesting concept around a central garden.

1970 was the first full year of operation of the Nurse attachment scheme and the operation of the Mother and Baby Home at Rosewood House. It is pleasing to record that both proved to be resounding successes. The home has been well used and has served a most valuable function — the attachment scheme has led to setting up of many new services for patients including well baby clinics, diabetic clinics, obesity clinics, etc.

Another new development in the County has been the strengthening of the family planning service which in addition to opening several new clinics, also started the first Young Persons Clinic in Cornwall. This has an important counselling function in pointing out the implications to young people of unwise sexual behaviour. A service of this kind could present a moral dilemma but it has been said that almost all those who attend such clinics are already sexually experienced and the alternative is the risk of an unwanted pregnancy. The need for family planning is rapidly being accepted as a social duty and the County Council now provides a free service through the F.P.A. for those needing help on medical grounds (and on certain social grounds).

During the year building commenced at the Saltash Health Centre, and there were long and difficult negotiations regarding certain other centres. After a delay of several months a new procedure regarding provision of these centres was finally agreed and accordingly the prospects for a continuing programme in the County now looks bright. There was a surprising degree of difficulty experienced in obtaining suitable sites for certain of the centres so that in one case it was necessary to seek a compulsory purchase order, which in the event was not confirmed.

A new provision in the Ambulance Service was the bringing into use of the Entonox apparatus for a trial on six vehicles. This method of relieving pain has long been used by the domiciliary midwives, but is a new feature in the ambulance world. The happy outcome was that every patient who used the apparatus obtained some relief of pain — often very marked — with no ill effects, so that further apparatus will be purchased for the future.

The ambulance service was strengthened during the year by the appointment of additional drivers; this had become necessary as a result of the increased volume of accident and emergency work which had produced undue pressure on the drivers stand-by duties. For the first time it was agreed as a matter of principle that selected County Ambulance Stations should be manned on a seven day basis in place of the existing week-end stand-by scheme.

One more disease during the year became susceptible to prevention by means of immunisation — so that German Measles vaccination was offered to 13 year old school girls. The disease can have serious effects for an expectant mother so that it is hoped that this type of protection will have beneficial effects in later years.

One unhappier feature of the year was the realisation of the importance and the frequency of the Battered Baby syndrome. Dr. Caffee in America some years ago described children he had seen in hospital with multiple injuries caused by ill treatment. This at one time was thought to be a rarity, but unhappily it has proved to be rather less rare than was originally believed. Management of such children and their parents, and difficulties regarding the ultimate decisions as to whether these children are better at home or in the care of the Childrens Department, have proved to be of such complexity that it became necessary to set up a panel to advise on the care of these patients. The panel included a Paediatrician, Senior Medical Officer for Child Health, representatives of the Childrens Officer, Mental Health section, etc.

Management staffing structures during the year were intensively discussed in respect of the Nursing Service, following the Mayston Report; and certain aspects of these recommendations are still being considered. The dental service staffing structure was strengthened by the regrading of certain posts to provide for two Area Dental Officers and one Senior Dental Officer within the service. Unhappily due to a series of staff changes there still remain several vacancies — and still more unhappily the dental service has since suffered a most grievous loss by the untimely death in April 1971 of the Chief Dental Officer, Mr. C.A. Reynolds in a motoring accident. Mr. Reynolds did a great deal to ensure that this service maintained high clinical standards through modern methods of treatment. He will be sadly missed.

Another who will be sadly missed is Dr. R.N. Curnow who died during 1970, after a long illness. He was County Medical Officer of Health for many years and his work in Cornwall will always be remembered by all who knew him.

Once again it is my pleasant duty to thank the Chairman and Members of the Health Committee for the kindness and courtesy shown to me throughout the year and for the great interest they have shown in every scheme to benefit the Health of the County.

The work of the department is greatly assisted by the other Chief Officers and Departments of the County Council, and also to a great number of voluntary bodies. To all of them I send my sincere thanks.

Finally it is with sincere gratitude that I thank all the staff of the Health Department for the sterling work during the year of 1970. It was a year of many uncertainties with the prospect of a major reorganisation in 1971, but nevertheless morale

was maintained and a high standard of service was given to the people of Cornwall. Whatever the future may bring I feel sure that the Medical, Nursing, Clerical and Administrative staff will continue to maintain these high standards in any future pattern of service.

I remain,

Your obedient servant,

H. BINYSH
County Medical Officer.

September, 1971.

County Hall,
TRURO.

CORNWALL COUNTY COUNCIL
REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1970

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

H. BINYSH, M.D., B.S., D.P.H., D.T.M. & H., Barrister at Law

Deputy County Medical Officer and Deputy Principal School Medical Officer:

G.W. WARD, M.B., Ch.B., D.P.H.

Health Area Medical Officers:

- | | |
|--------|---|
| Area 1 | (Penzance)
D.L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H. |
| Area 2 | (Camborne)
J.A.W. REID, M.B., Ch.B., D.P.H. |
| Area 3 | (Truro)
C.W.J. HINGSTON, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. |
| Area 4 | (St. Austell)
J. McGOVERN, M.B., B.Ch., D.P.H. |
| Area 5 | (Wadebridge)
* J. REED, M.B., Ch.B., B.Sc., D.P.H. |
| Area 6 | (Launceston)
* W. PATERSON, M.B., Ch.B., D.P.H. |
| Area 7 | (Liskeard)
P.J. FOX, M.B., B.Ch., D.P.H. |

* Also School Medical Officer

Senior School Medical Officer:

E.P. JAMES, M.R.C.S., L.R.C.P., L.M.S.S.A., D.R.C.O.G., D.C.H.

School Medical Officers:

MARGOT M. COOK, M.D., D.T.M. & H.
W. JACKSON, M.B., B.Ch.
MAIR L. JENKINS, B.Sc., M.B., Ch.B.
JEAN D. McMILLAN, B.M., B.Ch., D.P.H.

School Medical Officers (continued):

M.D.H. MYHILL, B.M., B.Ch., D.P.H.

J.S.R.R. OLD, M.B., Ch.B.

* W. PATERSON, M.B., Ch.B., D.P.H.

* J. REED, M.B., Ch.B., B.Sc., D.P.H.

F.H.N. SMITH, M.B., Ch.B., D.Obst.R.C.O.G.

JEAN WALDRON, M.B., Ch.B., D.C.H. (comm. 28.9.70)

P.R. WILSON, L.R.C.P. & S.I.

* Also Assistant County Medical Officer

Chief Dental Officer:

C.A. REYNOLDS, L.D.S.

Area Dental Officer:

C.F. MARTIN, B.Ch.D., L.D.S. (comm. 30.11.70)

Dental Officers:

Wholetime

W.T. ARMSTRONG, L.D.S.

A.G. BILLINGS, L.D.S. (left 19.4.70)

A.P. BROOKE, L.D.S. (comm. 23.11.70)

Mrs. J.E. BUDDEN, B.D.S., L.D.S. (comm. 30.11.70)

K.J. CAWLEY, L.D.S.

R.A. CURRIE, L.D.S.

J.K. DONALD, L.D.S. (comm. 10.8.70)

Mrs. M.E. GOODYEAR, L.D.S.

W.A. GRUNWELL, L.D.S. (left 29.11.70)

J.E. KENNY, L.D.S.

M.G.V. LARKIN, B.D.S.

Mrs. A. M. METREWELL, B.D.S. (left 20.2.70) .

J.E. SMART, B.D.S. (comm. 9.11.70)

D.J. WHEELER, B.D.S.

M.F.H. WILLIS, L.D.S. (left 31.3.70)

Part-time

Mrs. V.A. STRINGER, B.D.S., L.D.S. (comm. 21.4.70)

M.F.H. WILLIS, L.D.S. (comm. 17.4.70 left 19.6.70)

Dental Auxiliaries:

Mrs. J. GLASSON, G.D.C.Prof.Cert. (left 31.12.70)

Mrs. E.A. GREENAWAY, G.D.C.Prof.Cert. (left 19.7.70)

Miss F.M. HAWLEY, G.D.C.Prof.Cert. (comm.1.9.70)

County Public Health Officer:

W.R. SAUNDERS, F.R.S.H., M.A.P.H.I.

Assistant County Public Health Officer:

A. ROWE, M.A.P.H.I.

Chief Nursing Officer, Non-medical Supervisor of Midwives and Superintendent Health Visitor:

Miss E.M. TEAGUE, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Principal County Nursing Officer, etc.

Miss A. WILLIAMS, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Assistant County Nursing Officers:

Miss V.M. COVENTRY, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Miss V.E. GRAHAM, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Mrs. D.A.J. PERRY, S.R.N., S.C.M., H.V.Cert.

Miss E.J. BELL-CURRIE, S.R.N., S.C.M., H.V.Cert., Q.N.S. (comm. 11.5.70)

Senior Social Caseworker:

Mrs. W.M. GRAVES

County Home Help Organiser:

Miss D.J. BLIGHT, Dip.Inst. of H.H. Orgs.

County Ambulance Officer:

W.H. MAYCOCK, O.St.J., F.I.A.O.

Transport Officer:

J.J. PEARCE, O.St.J.

Training Officer (Ambulance):

C.D. MITCHELL

Principal Mental Health and Welfare Officer:

F.E. PASCOE, R.O's Cert. Ltr.Rcgn.C.T.S.W.

Deputy Principal Mental Health and Welfare Officer:

Miss J.S. MATHIESON, A.A.P.S.W.

Assistant Principal Mental Health and Welfare Officers:

W.C. ODGERS

E.M. SMITH, S.R.N., R.M.N.

Health Education Officer:

Miss M.A. STORAH, S.R.N., S.C.M., H.V.Cert., Dip.H.Ed.

Senior Educational Psychologist:

P.F. PORTWOOD, B.Sc., Dip.Psych., A.B.Ps.S.

Educational Psychologists:

Miss M.H. BROWN, M.A., M.Ed.

Miss S.J. GREGG, B.A.Hons.Psych.

Mrs. P. KEEN, B.A.Hons.Dip.Ed.Psych.

H.C. MACFIE, M.A.

Head Psychiatric Social Worker:

Mrs. C.A. AMOS, B.A., A.A.P.S.W. (left 30.6.70)

Child Guidance Social Workers:

Mrs. S.E. DAVIDSON, Cert. of Social Work

Miss K. GRIFFITH, Cert. Psychiatric Social Work (comm. 1.10.70)

Miss M.J. HOSKING, (left 11.3.70)

Mrs. C.A. NANCHOLAS, Cert. of Social Work (comm. 1.10.70)

M.C. STONE, H.O.Ltr. of Recg.

Remedial Developments Officer:

R. BROWN, M.Ed., B.Sc., A.R.C.S.T.

Organiser of Training of the Mentally Handicapped:

Mrs. R.M. BLAKE, N.F.U., Dip.N.A.M.H.

Welfare Officer for the Deaf:

Rev. N.C. DYSON, D.W.Cert., Ltr.Recg., C.T.S.W.

Chief Clerk:

W.S. HOOPER, D.M.A.

PART-TIME OFFICERS:

Chief Inspector under the Food and Drugs Act:

G.J. HANNIBALL, M.I.W. M.A. (also Chief Inspector of Weights and Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C.

Analytical Laboratory, Stuart House, 1 Tudor Street, London, E.C.4.

Chest Physicians: (provided by the Regional Hospital Board) :

B.A.G. JENKINS, M.D., M.R.C.P.

R.L. RAY, M.B., B.S.

J.J.Y. DAWSON, M.C., M.D., B.S., M.R.C.P.

Advisers on Mental Health:

J.F. DONOVAN, M.R.C.S., L.R.C.P., D.P.M. (Consultant Psychiatrist)

J.E. DESSART, M.B., B.S., D.P.M. (Consultant Psychiatrist Child Guidance)

Regional Hospital Board Staff

STATISTICS AND SOCIAL CONDITIONS

Area of the County	876,296 acres
Population 1970 (R.G.'s mid-year estimate)	361,930
Population 1961 Census	340,013
Population 1951 Census	343,248
Censal Decrease	3,235
Percentage Decrease	0.99
Number of private dwellings (1961 Census)	116,819
Rateable Value	£12,954,436
Sum represented by 1d rate	£51,912

The Registrar General's midyear estimate of the population for the Urban and Rural areas during each of the five years 1966-70 is shown in the following table:-

	1966	1967	1968	1969	1970
Urban Districts	199,230	201,030	198,780	200,660	202,300
Rural Districts	151,930	153,210	158,930	159,540	159,630
Administrative County	351,160	354,240	357,710	360,200	361,930
Increase or decrease over previous year	+ 4,010	+ 3,080	+ 3,470	+ 2,490	+ 1,730

Table I at the end of the Report shows the estimated population and number of births and deaths for 1970 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for recent years.

Births and Birth Rate

Live Births	Male	Female	Total
Legitimate	2,452	2,392	4,844
Illegitimate	217	209	426
Total	<u>2,669</u>	<u>2,601</u>	<u>5,270</u>

Birth rate per 1,000 of the population 14.6

This compares with a rate of 16.0 for England and Wales.

Still Births	Male	Female	Total
Legitimate	41	27	68
Illegitimate	2	5	7
	43	32	75

Still birth rate per 1,000 total births 14.2

This compares with a rate of 13.0 for England and Wales.

The Birth Rate of 14.6 compares with a rate of 14.8 in 1969. The following are the rates for recent years :-

			Cornwall	England & Wales
1961	...	...	14.5	17.5
1962	...	...	15.3	17.9
1963	...	...	15.2	18.1
1964	...	...	15.8	18.4
1965	...	...	15.6	18.1
1966	...	...	15.3	17.7
1967	...	...	14.6	17.2
1968	...	...	14.4	16.9
1969	...	...	14.8	16.3
1970	...	...	14.6	16.0

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows :-

Males	...	2,594
Females	...	2,615
Total		<u>5,209</u>

This gives a death rate of 14.4 compared with 14.1 in 1969. The following are the death rates for recent years:-

			Cornwall	England & Wales
1961	...	...	14.3	11.9
1962	...	...	14.3	11.9
1963	...	...	15.2	12.2
1964	...	...	13.8	11.3
1965	...	...	14.3	11.5
1966	...	...	14.3	11.7
1967	...	...	13.8	11.2
1968	...	...	14.8	11.9
1969	...	...	14.1	11.9
1970	...	...	14.4	11.7

Infant Mortality

There were 91 infant deaths registered during the year, giving an infant mortality rate of 17 per 1,000 live births. This compares with a rate of 16 in 1969 and a 1970 rate of 18 for England and Wales.

Perinatal Mortality

The combined stillbirths (75) and deaths of infants in the first week of life (50) expressed as a rate per thousand total births, gives a perinatal mortality rate of 23. This compares with a rate of 23 for England and Wales.

NATIONAL HEALTH SERVICE ACTS

ADMINISTRATION

There were no changes in the administrative arrangements described in earlier Reports. The County continues to be divided into seven Health Areas which are constituted as follows:-

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
1	Bellair, Alverton, Penzance	Penzance M.B.	3,155	18,770
		St. Ives M.B.	4,287	8,850
		St. Just U.D.	7,634	3,450
		West Penwith R.D.	59,792	17,910
			<u>74,868</u>	<u>48,980</u>
2	Rectory Road, Camborne	Helston M.B.	4,014	10,190
		Camborne-Redruth U.D.	22,062	38,770
		Kerrier R.D.	90,839	22,970
			<u>116,915</u>	<u>71,930</u>
3.	The Leats, Truro	Falmouth M.B.	1,880	17,360
		Penryn M.B.	829	5,200
		Truro City	2,634	14,560
		Truro R.D.	108,316	29,060
			<u>113,659</u>	<u>66,180</u>

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
4.	Moorland Road, St. Austell	Newquay U.D.	4,599	12,480
		St. Austell with Fowey M.B.	21,358	29,830
		St. Austell R.D.	85,545	24,540
			<u>111,502</u>	<u>66,850</u>
5.	Brooklyn, Wadebridge	Bodmin M.B.	3,312	8,400
		Wadebridge with Padstow R.D.	91,573	17,500
			<u>94,885</u>	<u>25,900</u>
6.	Launceston	Launceston M.B.	2,180	4,700
		Bude-Stratton U.D.	4,296	5,300
		Camelford R.D.	52,544	6,960
		Launceston R.D.	85,122	7,060
		Stratton R.D.	56,220	4,670
			<u>200,362</u>	<u>28,690</u>
7.	Westbourne, Liskeard	Liskeard M.B.	2,704	4,900
		Saltash M.B.	5,386	9,280
		Looe U.D.	1,691	4,030
		Torpoint U.D.	988	6,230
		St. Germans R.D.	48,533	15,240
		Liskeard R.D.	104,803	13,720
			<u>164,105</u>	<u>53,400</u>

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22 of the National Health Service Act, 1946 places a duty upon the Local Health Authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a Local Education Authority.

Ante-Natal Care

The care of pregnant women has been undertaken as in previous years and during 1970, 1,296 women made 7,567 attendances at the Local Authority's clinics

for relaxation purposes, these classes being run by the Domiciliary Midwives. Mothers' Clubs continue to attract good attendances and these, in general, were as before based on clinic premises. Health Education programmes are arranged by small committees of mothers in collaboration with the Health Visitors and these courses remain very popular.

Maternity Accommodation

The following table shows the number of births in the County (including those which occurred in Plymouth) together with the percentages of births occurring at the patient's home and in hospitals, maternity units and nursing homes.

Year	Number of Births Registered	Percentage of Births occurring in :-		
		Patient's Home	Hospital and Maternity Homes	Nursing Homes
1961	4,902	49.9	48.2	1.9
1962	5,206	49.7	48.6	1.7
1963	5,137	44.5	53.2	2.3
1964	5,451	40.6	58.3	1.1
1965	5,401	33.9	66.1	—
1966	5,362	30.1	69.9	—
1967	5,179	25.5	74.5	—
1968	5,132	20.0	80.0	—
1969	5,396	18.0	82.0	—
1970	5,345	12.0	88.0	—

Maternal Deaths

One maternal death occurred in the County in 1970 giving a mortality rate of 0.19.

The risk of death in pregnancy is now extremely small. Selection of women for specialist care in hospital has reached a high standard. The death recorded may be classified at this time as inevitable, being due to massive pulmonary embolism following surgical termination for associated disease.

The following table gives statistics over the past 10 years:-

Year	Number of Deaths	Rate per 1,000 Total Births	
		Cornwall	England and Wales
1961	5	1.01	0.33
1962	1	0.19	0.35
1963	1	0.19	0.28
1964	2	0.36	0.25
1965	3	0.54	0.25
1966	1	0.18	0.26
1967	1	0.19	0.29
1968	4	0.77	0.24
1969	1	0.19	0.19
1970	1	0.19	

Peri-Natal Mortality

The peri-natal rate in Cornwall was the same as that for England and Wales — 23.

From the report of the Consultant Paediatrician below it will be seen that the main cause of death in premature babies remains the Respiratory Distress Syndrome, while multiple congenital malformations account for the majority of deaths at the higher weights.

The diminished mortality rate for premature infants of the range 1001 — 2500 G noted in the Consultant Paediatrician's report below indicates improvement in the obstetric and preventive care. The peri-natal rate in addition reflects improvement in social circumstances; the increasing parity of the peri-natal mortality rates for Cornwall and England & Wales is particularly gratifying.

Year	Perinatal Deaths			Perinatal Mortality Rates	
	Still-births	First Week	Total	Cornwall	England & Wales
1961	123	69	192	38	32
1962	124	65	189	35	31
1963	116	54	170	32	29
1964	112	73	185	32	28
1965	99	66	165	30	27
1966	108	48	156	29	26
1967	85	47	132	25	25
1968	93	53	146	28	25
1969	66	50	116	22	23
1970	75	51	126	23	23

Special Care Baby Unit

The following report on the Special Care Baby Unit at the Royal Cornwall Hospital, Treliske has been contributed by Dr. M.A. Voyce the Consultant Paediatrician:-

Weight	Admissions	Deaths	Mortality
Less than 1,000G.	10	10	100%
1,001 - 1,500G.	22	9	40%
1,501 - 2,000G.	60	7	11%
2,001 - 2,500G.	132	5	4%
more than 2,500G.	637	11	1.5%

Mortality:						
Weight				1968	1969	1970
Less than 1,000G.	...	...	...	100%	50%	100%
1,001 - 1,500G.	...	...	...	52%	52%	40%
1,501 - 2,000G.	...	...	...	16%	13%	11%
2,001 - 2,500G.	...	...	...	4%	2%	4%

Causes of Death

Less than 1,000G.

B.W.	660G.	Gross prematurity.
	700G.)	Gross premature twins.
	710G.)	
	720G.	Gross prematurity.
	740G.	Respiratory distress, hypothermia. B.B.A.
	780G.	Respiratory distress syndrome.
	840G.	Respiratory distress syndrome.
	860G.	Bilateral pneumothorax, atelectasis.
	940G.	Respiratory distress syndrome.
	940G.	Respiratory distress syndrome.

1,001 - 1,500G.

B.W.	1,020G.	R.D.S.
	1,040G.	R.D.S.
	1,050G.	Congenital urinary anomalies.
	1,100G.	R.D.S.
	1,150G.	R.D.S.
	1,190G.	Failure to establish respirations, died 12 hours.
	1,340G.	R.D.S.
	1,420G.	R.D.S. Forceps delivery. Died 24 hours.
	1,500G.	R.D.S.

1,501 - 2,000G.

B.W.	1,530G.	R.D.S.
	1,600G.	R.D.S. Pulmonary haemorrhage.
	1,610G.	R.D.S. Pneumothorax.
	1,680G.	R.D.S. Mother had pyelonephritis and staph. aureus septicaemia.
	1,880G.	Cytomegalic inclusion disease. Died 45 mins.
	1,930G.	R.D.S. Tentorial tears. Cystic hygroma.
	1,940G.	Massive bilateral pulmonary haemorrhage.

2,001 - 2,500G.

B.W.	2,040G.	Failure to establish respirations (1 hour old.)
	2,100G.	Imperforate anus, died one month after colostomy.
	2,160G.	Septicaemia within 24 hours.
	2,300G.	Bilateral renal hypoplasia Rhesus incompatibility.
	2,380G.	Very low Apgar scores, respirations never fully established.

More than 2,500G.

B.W.	2,570G.	Breech delivery, meningomyelocele.
	2,680G.	Renal agenesis, imperforate anus, oesophageal atresia.
	2,720G.	Dextrocardia. Gross skeletal anomalies.
	3,070G.	Congenital heart disease (Truncus).
	3,010G.	Adrenal and pulmonary haemorrhages.
	3,020G.	Massive aspiration of blood and liquor. Tentorial tear. Hypoglycaemia.
	3,140G.	Massive aspiration of meconium. Died 24 hours.
	3,420G.	Congenital heart disease (Transposition, ventricular septal defect, pulmonary stenosis).
	3,560G.	Eventration of diaphragm.
	3,820G.	Convulsions. Hypoglycaemia. Hypocalcaemia.
	3,970G.	Adrenal aplasia.

Comment

In 1970 the mortality rate in the lowest weight group returned to 100%. Contrary to expectations, there was no significant increase in the numbers of these infants, 8 (1969), 10 (1970). There was a gratifying fall in mortality in the next weight groups, the admissions being the same as last year, (1,001 - 1,500G.) but rising marked in the 1,501 - 2,000G. range, 47 (1969), 60 (1970).

The main cause of death was still respiratory distress syndrome, with deaths from congenital abnormalities playing the major role in the higher weights. Only one death from rhesus incompatibility was recorded and that was inevitable.

Finally, it must be recorded that the total work load of the unit has increased.

Total prematures:	195 (1969) — 224 (1970).
Total special care, excluding prematures: ...	523 (1969) — 637 (1970).
	<hr/>
	718 (1969) — 861 (1970).

The maintenance of such high standards by untrained and trained nursing staff with increasing work load has put much responsibility on the senior nursing staff and the excellence of the mortality figures is greatly to their credit.

Premature Babies

Four portable incubators, two provided by the County Council and two by the West Cornwall Hospital Management Committee are use in the County. The incubators were used on sixteen occasions during this year, as follows :- three times at Liskeard, seven times at Penzance, four times at Truro and twice at St. Austell.

Child Health Clinics

During the year 7,355 children attended the Clinics and 2,429 of these were for the first time. The Child Health Clinics are the centre for education in the management of children, there parents may obtain screening examinations of their new-born and an assessment of the development of their pre-school child. The Clinic is an essential part of the continuence of child care from ante-natal clinic to school leaving examination.

During the year all birth records have been computerised, the initial step in a comprehensive system of recording and recall of individual health statistics. Invitations for children to attend for immunisation and vaccination are automatically sent out. Each item is recorded on the computer so that at any time the immunological status of each child may be ascertained.

The Ascertainment of Handicapped Young Children

The purpose of this ascertainment is to provide the optimum physical and mental health of all children, to make the diagnosis and institute effective treatment of handicapping conditions of body, mind and personality at the earliest possible time and to attempt to discover the cause of these conditions and eventually how to prevent them.

Assessment and ascertainment of the young child is a continuous process, commencing with an examination at birth, followed by observation by Health Visitors or Doctors of the child's development and investigations by the Paediatrician and Development Assessment team.

The final diagnosis is not merely of the handicapping conditions but includes a prognostication of the child's potential and a realistic approach to treatment, which will best assist him to become an integrated happy individual.

As yet we are unable to prevent all handicapping conditions therefore the present ultimate aim of our efforts is to achieve maximal function consistent with the degree of impairment and reduce to the minimum the emotional effects of that handicap upon the child. To achieve this objective we must have highly trained personnel, multi disciplinary co-operation and facility availability backed by an efficient administrative and clerical staff. Each year we achieve a little more, more training and experience, greater co-operation between the various services, improved equipment and facilities. This year we have made a great step forward in a unique co-operative effort between the Spastics Society, Regional Hospital Board and Local Authority in planning a Developmental Assessment Unit. We anticipate that this will be a great step forward in the County towards achieving our ultimate goal.

The Assessment of Hearing in Infants and Children

All children at the age of approximately nine months are given a hearing screening test by the Health Visitor or Clinic Doctor. Any child who fails to pass this test or in whom the Examiner has any doubts about his present or future hearing accuity is re-tested and sent to a peripheral hearing clinic for testing by the S.M.O. and Teacher of the Deaf. Further investigation and referrals are made from this clinic to a central audiological assessment clinic, where the assessment team headed by a Consultant Audiologist makes a definite diagnosis and prepares a plan of treatment and management.

From school entry a further system of routine audiological testing is in progress and referrals may be made to the peripheral or central clinic at any age until school leaving.

Areas	Number Screened	Number Referred
1	531	1
2	1,081	11
3	834	14
4	998	31
5	307	4
6	339	17
7	673	18
	<hr/> 4,763 <hr/>	<hr/> 96 <hr/>

The Battered Baby Syndrome

In recent years increasing concern and disquiet has been felt over unexplained injuries occurring in infants; and following many reports from the United States of America it was decided to set up a central panel within the County to enquire into the causes of such injuries and abuse to infants and young children.

An organisation was evolved which included all the services concerned with the care of infants and children, based on local area co-ordinators, (Health Area Medical Officer) and a central panel consisting of the co-ordinator (Senior Medical Officer Child Health) the Consultant Paediatrician, the Principal Nursing Officer and the Children's Officer, other members being co-opted when necessary.

A series of lectures and demonstration was given by the central panel throughout the County, General Practitioners, Casualty Department Staff, Police and legal personnel were all involved.

By the end of the year the panel had investigated 103 cases, of these 50 cases were ascertained as "accidental", 19 cases were of doubtful origin probably due to a poor level of care-taking on the part of the parent or guardian of the child, and 34 cases were considered to be due to wilful infliction of injury upon the infant by the parent, a high proportion of which involved severe injury including fractured bones.

The circumstances under which such injuries are produced, although complex, follow a pattern of personal and social tensions occurring in an adult of immature development. Research into the prevention and methods of treatment of the "battered baby" syndrome continue.

Welfare Foods

The issues over the past eight years are as follows:-

Year	National Dried Milk (Packets)	Cod Liver Oil (Bottles)	Vitamin Tablets (Packets)	Orange Juice (Bottles)
1963	99,468	6,947	6,910	72,234
1964	94,910	6,339	6,052	74,649
1965	85,988	6,383	5,633	77,783
1966	69,560	5,614	5,117	87,037
1967	65,499	5,209	4,210	88,033
1968	50,787	5,118	3,372	86,172
1969	45,605	4,400	3,743	96,593
1970	37,862	4,823	4,335	104,941

Tribute must be paid to the Women's Royal Voluntary Service and to the shopkeepers at the 117 centres in Cornwall without whose help the service could not be maintained.

For the first time in the last decade there was an increased sale of cod liver oil and vitamin tablets. The orange juice continued to grow in popularity but the sale of National Dried Milk maintained a decline mainly because of the small difference in price between it and alternative preparations.

Nurseries and Child Minders

1970 has shown a continued increase in the number of registered Playgroups and Child Minders. The following figures show the position at 31st December, 1970 :-

Playgroups

Number registered — 115 (88)
Number of places provided — 2,545 (1680)
Number of groups awaiting registration — 7 (11) for 144 (226) Places.

Child Minders

Number registered — 95 (69)
Number of places provided — 188 (149)
Number awaiting registration — 15 (8) with 22 (15) places

(The figures in brackets indicate the position at 31st December, 1969)

Minimum acceptable standards have been made for these groups and regular visiting by the staff of the department is carried out to safeguard the health and welfare of the children.

Liaison with the Cornwall Association for the Pre-School Child has been maintained and many socially deprived children have obtained free places at the playgroups. Training courses for supervisors continued at the Cornwall Technical College (for the third year running) and evening courses have been held at Wadebridge and Liskeard.

Care of the Unsupported Mother and her Child

During 1970 a further increase occurred in the number of cases referred to this department. A total of 341 new cases were referred and 171 cases from 1969 received continuing help.

A cause for concern is the growing number of girls of 16 and under who are referred. In this age group cases doubled over the previous year's figures from 25 to 50. In an effort to combat this, extra discussions have taken place in the schools.

28 admissions were arranged for girls to go into foster homes, 10 in Cornwall and 18 in other counties, 3 went to out of county Mother and Baby Homes and 73 were admitted to the local authority's Mother and Baby Home at St. Austell. Of the latter admissions, 42 placed their babies for adoption (including a case of triplets), 19 kept their babies and either returned home or were helped to find accommodation, 3 babies died within a few hours of birth in hospital, 2 girls went home before their babies were born and 6 were given temporary shelter.

This is the first full year that the Home has been open and the facilities provided have been of great help to all concerned. It has been fully booked for the greater part of the time.

Counselling continued at Newquay and Penzance. An additional caseworker was appointed to the staff in November, which has eased pressures considerably.

Sufficient money has now been raised by the controlling body of Morwenna to convert this house into 6 flatlets for the unsupported mother and her child, and it is hoped that these will be ready for occupation at the end of 1971.

The help and co-operation of hospital staff, general practitioners and health visitors were much appreciated by the Case Workers and staff of the Home.

Family Planning

The Family Planning Association has continued to receive financial aid on a per capita basis for those referred on medical need and in other special cases. The free use of clinic premises continues.

Patients are referred by the Hospital Service, General Practitioners, Health Visitors, District Nurses, County Council Social Workers and the Marriage Guidance Council. The statistics for year are shown below for **all** patients attending the clinics:-

Clinic	Total Number of attendances to see the Doctor	Number of new cases
Bodmin	275	62
Bude	553	72
Camborne	723	171
Falmouth	668	94
Helston	498	91
Launceston	782	116
	<hr/> 3,499	<hr/> 606

Clinic	Total Number of attendances to see the Doctor	Number of new cases
Statistics brought forward ...	3,499	606
Liskeard	166	66
Penzance	808	90
Redruth	1,030	175
St. Austell	938	131
Saltash	253	55
Truro	946	135
Wadebridge	349	48
	<hr/> 7,989	<hr/> 1,306

Two new clinics were started during the year at Liskeard and Saltash. A Young Persons Clinic was also started in Camborne (in September 1970) and is being held monthly.

Cervical Cytology

Screening has been carried out at twelve centres throughout the County, but it is disappointing to find that so few women have taken the opportunities to undergo examination. The value of these clinics is not limited to the detection of cancer, and in every case a total gynaecological survey, breast examination and urinalysis is made.

Clinics were held at Penzance, Helston, Redruth, Camborne, Truro, Falmouth, Newquay, St. Austell, Wadebridge, Camelford, Launceston, Liskeard and Saltash and during the year 2,951 women were screened and 1,247 were the subject of observations. Where necessary these were referred to their general practitioners.

DENTAL SERVICE

Report of the Chief Dental Officer

Staffing

There was an above average number of resignations and appointments during the year which resulted in there being a small decrease overall in the number of dental officers in post. Sessional dental officers were employed in two areas for part of the year to help make good this deficiency. There were 12 full-time dental officers at the beginning of the year and 13 at the end. Two dental auxiliaries were employed for the greater part of the year. The granting of an increase in the establishment for dental officers, together with the re-designation of posts to allow the appointment of two Area Dental Officers and a Senior Dental Officer, should be a great help in the recruitment of staff.

Expectant and Nursing Mothers

The number of mothers inspected was 112 and of these 106 required and were offered treatment. The number of courses of treatment completed was 83 including some cases carried on from the previous year. There was a small decrease in the amount of conservative treatment but the number of dentures supplied was almost the same as in 1969.

Pre-school Children

There was a slightly smaller number of visits for treatment but there was an increase in the number of fillings carried out for the children. The larger part of the treatment for these children was in the hands of the dental auxiliaries whose special care for children in this age group is greatly appreciated by their parents.

The North and Mid-Cornwall Water Board are to be congratulated on their decision to implement the recommendations of the County Health Committee regarding the fluoridation of water supplies. They hope that the children in their area will begin to enjoy the benefit of this health measure – towards which the County Council agreed to meet the financial cost – by the end of 1971.

Mental Health Establishments

During the year 131 children from the Curnow and Doubletrees junior departments were inspected, of these 87 required treatment, 74 were referred and 20 accepted treatment. In all 17 permanent teeth and 2 temporary teeth were filled. 7 permanent and 13 temporary teeth were extracted, 4 children having a general anaesthetic for their extractions.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

	Children 0-4 (inc.)	Expectant and Nursing Mothers
A. Attendances and Treatment		
No. of visits for treatment during year		
First visit	527	130
Subsequent Visits	637	218
	<u>1,164</u>	<u>348</u>
No. of Additional Courses of Treatment other than the First Course commenced during year	76	8
Treatment provided during year –		
No. of Fillings	1,002	221
Teeth Filled	908	198
Teeth Extracted	376	107
General Anaesthetics given	164	12
Emergency Visits by Patients	37	6
Patients X-Rayed	–	24
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	144	60
Teeth Otherwise conserved	143	–
Teeth Root Filled	–	–
Inlays	–	–
Crowns	–	2
Number of courses of treatment completed during the year	<u>427</u>	<u>83</u>
B. Prosthetics		
Patients supplied with full upper or lower (first time)		6
Patients supplied with other dentures		6
Number of Dentures supplied		<u>26</u>
C. Anaesthetics		
General Anaesthetics administered by dental officers		<u>60</u>
D. Inspections		
No. of patients given first insp. during year	A.864	D. 112
No. of patients in A. & D above who required treatment	B.615	E. 106
No. of patients in B & E above who were offered treatment	<u>C.569</u>	<u>F. 106</u>
E. Sessions		
No. of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:		
For Treatment –	<u>227</u>	
For Health Education –		<u>5</u>

THE NURSING SERVICE

Report of the Chief Nursing Officer

“Never a dull moment” seems to sum up 1970. The Mayston Committee decided to use Cornwall as one of their so-called model authorities and the administrative nursing staff were interviewed in depth. Subsequently, many hours of hard work went into the compiling of job descriptions. These were accepted by the Mayston Committee to be passed on to the Whitley Committee to help in the discussions on the future salary structure for the community nursing administrators.

Plans have been going ahead to start district training in Cornwall on a day a week release basis for four months. It is planned to borrow the classroom the Ambulance Section is erecting. Formal application has been made to the panel of assessors of district nursing at the Department of Health and Social Security.

Attachment of all community nursing staff to general practitioners has now been in existence for just over a year. There were a few nursing staff and general practitioners who were not in favour of it at first but many of these are beginning to see the benefits for the patients. Increased job satisfaction is obvious for many of the staff. One nurse said to me recently that at 59 years of age, and a life-time of district nursing she had never been so happy. On the other hand there have been two incidents of incompatibility between the doctor and the attached nurse which have been resolved; once by transferring the nurse after discussion and the second time by agreement after discussion.

The work load of all staff is heavier with attachment which shows what was feared, that there was work to do which was not reaching the staff under the former way of working.

The permanent staff at 31st December, 1970, was as follows:

Administrative Staff

Chief Nursing Officer	...	...	1
Principal Nursing Officer	...	...	1
Area Nursing Officers	...	...	4
			<hr/> 6

Whole-time Health Visitors

“Queens” Nursing Sisters, S.C.M., H.V.Cert. ...	19
(3 doing Tuberculosis and general Health Visiting)	
State Registered Nurses, S.C.M., H.V. Cert. ...	25
(5 doing Tuberculosis and general Health Visiting)	
Field Work Instructor	1
	<hr/> 45

District Nurse-Midwife/Health Visitors

“Queens” Nursing Sisters, S.R.N., S.C.M., H.V. Cert	32
State Registered Nurses, S.C.M., H.V. Cert. ...	7
State Registered Nurse, H.V. Cert ...	1
“Queens” Nursing Sisters, S.R.N., S.C.M. ...	3
State Certified Midwives, S.E.N. ...	2

District Nurse-Midwives

“Queens” Nursing Sisters, S.R.N., S.C.M. ...	15
State Registered Nurses, S.C.M. ...	27
State Certified Midwives, S.E.N. ...	4

District Nurses

“Queens” Male Nurse ...	1
State Registered Nurses ...	16
State Enrolled Nurses ...	3

District Midwife

State Certified Midwife ...	<u>1</u>
	<u>112</u>

Part-time Staff

Health Visitor ...	1
“Queens” Nursing Sisters, S.R.N. ...	1
“Queens” Nursing Sisters, S.R.N., S.C.M. ...	2
State Registered Nurses ...	24
State Registered Nurses, S.C.M. ...	10
State Enrolled Nurses ...	8
Nursing Auxiliary ...	<u>2</u>
	<u>48</u>

Sickness

This has not been such a problem this year. The nurses sickness rate dropped to 1,647 days which were equal to 4½ full-time nurses and part-time temporary staff were employed to cover the work where needed.

Transport

Thanks are due again to the County Transport Officer and his staff for their continued help and support.

Housing

Houses continue to be a problem as there never seems to be one where it is wanted. However, some new staff coming in are buying their own which is a great help. There are 30 nurses in houses provided by the County Council – 10 of them furnished. Eleven of these properties are rented from the local District Councils.

Midwifery

The story of decreasing numbers of mothers having their babies at home continues. In 1970, 634 babies were born at home which accounts for only 12% of Cornish births. Four hundred more mothers were discharged before the tenth day. The work of the domiciliary midwives is increasingly in the field of ante-natal and post-natal care.

The training of Part II Pupil Midwives continues in close liaison with the tutor in charge of the Part II Pupils at Treiske.

During the year 236 Midwives notified their intention to practise in the County:

Domiciliary, Cornwall County Council	...	123
Domiciliary in private practice	...	1
Institutional	...	112
		<u>236</u>

Deliveries attended by Domiciliary Midwives

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	25	609	634

They accompanied 211 patients to hospital by ambulance or car.

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	...	7,721
Ante-natal visits to hospital booked cases	...	8,455
Midwifery visits	...	9,379
Visits to hospital booked cases discharged before the 10th day	...	10,313

Medical Aid Forms in respect of:

Mothers during ante-natal period ...	...	49
Mothers during labour ...	...	274
Mothers during puerperium ...	...	29
Infants ...	...	39

Other Statutory Notifications from all sources were received as follows:

Stillbirths ...	...	75
Death of Mother ...	...	—
Liability to be a Source of Infection ...	...	11
Puerperal Pyrexia ...	...	7

Attendance at Clinics by Midwives

General Practitioner Ante-Natal Clinics ...	2,945
Ante-natal and Relaxation Classes at G.P. Clinic	100
Special Clinics for Health Education and Relaxation	405

Refresher Courses

During the year 20 Midwives attended Midwifery Refresher Courses demanded by the Central Midwives Board and one non-Medical Supervisor of Midwives attended a Post Graduate Course for Supervisors of Midwives. Eleven Health Visitors and six State Registered Nurses attended appropriate courses. Arrangements were made also for a member of the Health Visiting Staff to attend a Special Fieldwork Instructors' Course.

The Health Education Officer ran some local courses on Audio-visual Aids for the Health Visitors to help them in their health education.

Health Visiting

The work of the Health Visitors has increased so much with attachment and other demands on their time, that increasingly selective visiting has to be undertaken. This can be a very worrying situation for the individual Health Visitor who sometimes finds it nearly impossible to decide on priorities. Thought is always being given as to how the Health Visitors could be supported by ancillary staff but, except by appointing school nurses in built-up areas, it is not clear which other branch of their work could be done by someone without health visitor training.

The following figures show the work of the Health Visitors:

First visits to children under 1 year ...	5,195
Total visits to children under 5 years ...	104,526
Total number of children under 5 visited ...	24,429

Visits to persons over 65 years	...	...	13,555
Social visits to others	...	...	10,917
Mental Health visits	...	...	684
Infectious disease visits	...	...	241
Hearing tests	...	...	4,763

Attendances at Clinics, etc.

Child Health Clinics	...	...	1,995
Mothercraft and Relaxation Classes	...	...	748
Mothers Clubs	...	...	102
Immunisation Sessions	...	...	863
Lectures and talks given, with demonstrations	...	...	1,353
Attendances at School Medical Sessions	...	...	1,499
Attendance at School Hygiene Sessions	...	...	1,108
Reinspection	...	...	217
Follow-up Visits	...	...	1,978

Students

The demand for experience in Cornwall for students of varying kinds grows. Health Visitor Students from out of the County come for their compulsory week's rural experience.

It is hoped the student nurses begin to get a picture of community nursing through their visits to us and a furthering of the understanding that will be needed when all nursing care is under one authority.

Home Nursing

Over 17,000 extra visits were paid by the Home Nurses last year. It is difficult to keep the staff to a level to meet the demands. Some nurses are working in the doctors' surgeries by arrangement, where 9,937 cases were treated in addition to the home visits paid and 2,421 other patients were advised.

Work done by District Nurses

Surgical cases	...	...	2,260
Medical cases	...	...	7,049
Miscarriages	...	...	192
Tuberculosis	...	...	42
			<hr/>
			9,543
			<hr/>
General visits paid	...	...	258,778
Number of children nursed under 5	...	...	281
Number of persons nursed over 65	...	...	5,219

AMBULANCE SERVICE

Report of the County Ambulance Officer

1970 has been another busy year in which the Service as a whole conveyed 190,750 patients and travelled 2,165,752 miles, an increase over the previous year of 1,532 patients and 98,946 miles. The details are set out in the table at the end of this report.

It will be noted that there was an increase of 1,186 in the Accident and Emergency calls bringing the total to 15,252 summarised as follows:

					1969	1970
Road Accidents	...	...	...	...	1,627	1,623
Home Accidents	...	...	...	...	395	469
Other Accidents	...	...	...	...	1,492	1,369
Emergencies	...	...	...	...	10,552	11,791
					<u>14,066</u>	<u>15,252</u>

This shows an increase of 74 calls to accidents in the homes, but calls to other accidents, i.e. on Farms, Industry, Building Sites, etc. has reduced by 123. Emergencies which include patients requiring urgent admission to hospital such as acute surgical and medical patients, maternity cases etc. increased by 1,239.

Out of County Transport

This is provided for patients who are seriously ill and require specialist treatment outside the County or for patients such as holiday makers who get injured or develop a medical conditions and are discharged from hospital in Cornwall or are transferred to hospitals nearer their homes. Transport for these patients is as follows:

					1969	1970
No. of patients requiring an ambulance for the whole journey	...	...	...	...	29	30
No. of patients requiring a journey by air	...	...	...	...	4	8
No. of patients carried by British Railways	...	...	...	...	761	615

A fixed wing aircraft was used on each occasion to fly the eight patients shown in the table. Five of them were taken to Brompton Chest Hospital suffering from cardiac arrest and one to Southport with a cervical injury causing paraplegia. The remaining two journeys were to Scotland; while the arrangements were made by the Ambulance Control these journeys were for social reasons and the expenses were therefore met by a Shipping Company in one instance and the patient's relatives in the other.

I would again express my gratitude to both the British Red Cross Society and the St. John Ambulance Brigade for providing escorts for the majority of the patients going out of the County, and to my colleagues for their co-operation in arranging ambulance transport at the receiving end for patients to complete their journeys.

Hospital Car Service

The demands on this Service are growing steadily each year and from the table at the end of this report, it will be noted that the Hospital Car Service conveyed 77,385 patients and travelled 1,022,647 miles, an increase of 8,118 patients and 87,427 miles over last year.

It is, therefore, with regret that I have to report that the number of drivers in the Hospital Car Service has dropped steadily during the year from 224 to 194. The main reason for this is the general discontent existing amongst drivers at the low mileage rates they receive for the use of their motor cars for this work.

The rates of payment to the Hospital Car Service are agreed at National level and the Ambulance Committee has made a recommendation to the County Councils Association that these rates be increased as a matter of urgency.

Stand-by Arrangements

Ambulance Stations throughout the County are manned on weekdays for eight, ten or twelve hours depending on the size of the Station. Outside of these hours, i.e. at nights and weekends the ambulance-men operate a stand-by rota whereby they are on duty in their homes and called out as required. Earlier in the year representations were received from the men's Trade Unions objecting to long hours of stand-by and requesting that Stations should be manned for longer periods. This coincided with the publication of the Transport Act governing the hours that drivers of goods vehicles were permitted to be on duty, but the question regarding whether or not Part VI of this Act (Drivers Hours) applied to the Ambulance Service remains unresolved.

However, following an investigation by the Management Services Unit into the stand-by hours undertaken by the ambulancemen, in order to avoid excessive stand-by seven additional drivers were appointed. The Management Services Unit also recommended that in order to meet the increasing work load at Falmouth and Penzance, two extra drivers be appointed in 1971/72, and that the following Ambulance Stations be manned on Saturdays and Sundays necessitating the appointment of a further seven additional drivers:

Penzance	Truro	Liskeard
Falmouth	St. Austell	Launceston
Redruth		

It was decided that in 1971/72 weekend manning should be implemented at Truro as a pilot scheme, subject to the full scheme being implemented throughout the rest of the County as soon as possible after 1971/72.

Voluntary Associations

At seven of the fourteen County Stations members of St. John Ambulance Brigade man the ambulances at nights and weekends in alternate weeks, and an ambulance is provided for one Voluntary Station. In August due to a decrease in their members Bude St. John Ambulance Brigade withdrew from manning County ambulances. This necessitated appointing two additional ambulancemen. The County Council has approved the recommendation that voluntary manning of County ambulances be phased out by 1st April, 1973.

This will leave ten Voluntary ambulances owned by St. John Ambulance Brigade or the British Red Cross Society operating in other parts of the County. In the majority of instances they are only able to man their vehicles at nights and weekends but during the periods they are available they provide a very valuable service.

Equipment – Entonox

Following reports from other Local Authorities on the relief patients obtained from the self administration of Entonox (a mixture of gas and oxygen), approval was given that in the first instance six ambulances be equipped with this analgesic.

Dr. Redgate, Consultant Anaesthetist at the Royal Cornwall Hospital, Treliske, kindly agreed to train the staff and to give his observations after a trial period.

Competitions

Mr. A. Andrew and Mr. C. Pearn of Bodmin Ambulance Station won the County Competition at Truro on 25th April, 1970, and went on to win the Team Test in the Regional Competition held at Taunton on the 16th May. A team from Gloucester County won the Individual and Driving Tests in this competition and this combined team represented South West England in the National Finals at Stoke Mandeville on 9th August and were successful in obtaining second place. This was a most creditable performance and the Cornish team were congratulated by the Ambulance Committee on their splendid achievement.

Training

During the year nine ambulancemen attended the Southern Ambulance Training School in Hampshire for the six week courses and two for courses of two weeks duration.

In-Service training was carried out during the year whereby 54 staff received one week's training. We were pleased to welcome five members of the Plymouth Ambulance Service to these courses. One of the main difficulties has been to find suitable accommodation in order to undertake this training. The West Cornwall Management Committee has kindly agreed to the temporary use of one of the lecture rooms at Treliske Hospital and approval has been given for an extension of the main building at the Ambulance Headquarters, Gloweth, next year to enable this training to continue.

On a number of occasions during the year observations have been made by Doctors of a marked improvement in the treatment of patients by the ambulance-men. This can only be attributed to the training they now receive in all aspects of their work, and is most encouraging.

Vehicle Replacement

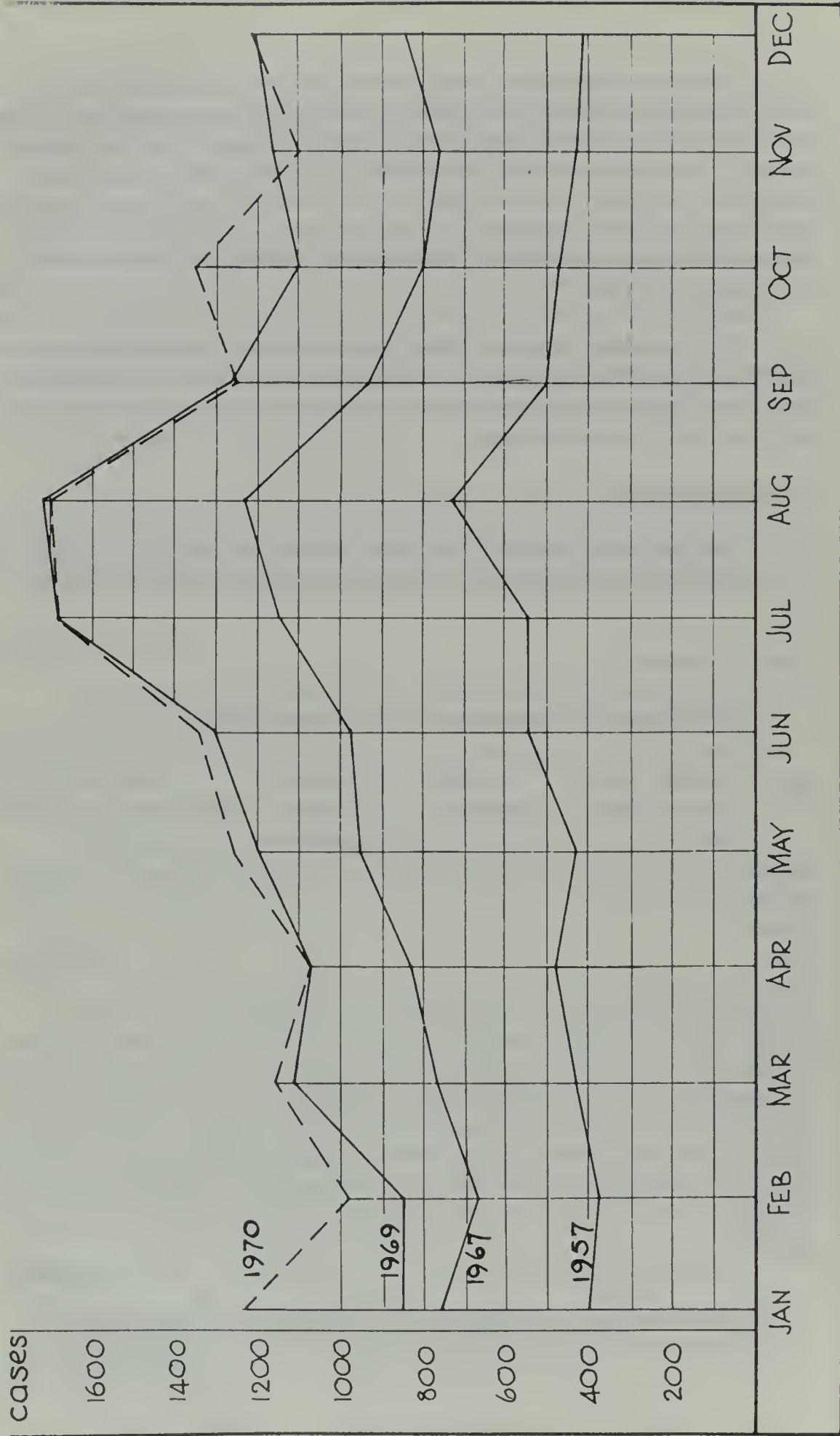
Six ambulances capable of taking two stretcher patients and four dual purpose vehicles primarily designed for sitting patients were replaced during this year.

Ambulance Stations

(Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Leading Ambulanceman	Ambulance Driver/ Attendants	Vehicles Ambulances	Dual Purpose
Penzance	1		1	6	4	2
Redruth		1	1	9	4	4
Falmouth		1	1	7	3	3
Truro		1	1	10	7	4
Newquay		1	1	3	1	2
St. Austell		1	1	7	3	2
Bodmin		1	1	7	4	3
Launceston		1	1	5	2	2
Camelford		—	—	3	1	1
Bude		—	—	5	1	1
Liskeard		1	1	4	2	2
Looe		—	—	3	1	—
Torpoint		1	1	2	1	1
Saltash		1	1	3	2	1
	1	10	11	74	36	28

ACCIDENT & EMERGENCY CASES



Analysis of the Work carried out during 1970

SECTION 27 CASES					OTHER CASES			TOTAL	
Accident and Emergency			Normal		(Cost Recoverable)		Mileage without		
Patients	Miles		Patients	Miles	Patients	Miles	Patients	Miles	
Ambulances	14,100	373,940	40,291	405,997	829	1,447	14,976	796,360	
1969	13,460	351,717	42,359	399,779	592	1,249	18,071	770,816	
Difference	+ 640	+22,223	-2,068	+ 6,218	+ 237	+ 189	-3,095	+25,544	
Dual-Purpose Vehicles	861	22,378	52,819	293,795	4,465	11,103	19,469	346,745	
1969	894	23,214	57,034	306,992	5,612	14,958	15,606	360,770	
Difference	- 33	- 836	-4,215	-13,197	-1,147	-3,855	+3,863	-14,025	
Hospital Car Service	321	7,690	66,703	934,431	10,361	75,073	5,523	1,022,647	
1969	290	9,479	59,129	854,091	9,848	67,468	4,182	935,220	
Difference	+ 31	- 1,859	+7,574	+80,340	+ 513	+7,605	+1,341	+87,427	
All Services	15,282	403,938	159,813	1,634,223	15,655	87,623	39,968	2,165,752	
1969	14,644	384,410	158,522	1,560,862	16,052	83,675	37,859	2,066,806	
Difference	+ 638	+19,528	+1,291	+73,361	- 397	+3,948	+2,109	+98,946	
				</					

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Numbers of notifiable diseases showed a satisfactory decrease for the year with the exception of Measles which rose from 641 in 1969 to 2,488 in 1970.

We anticipate a very considerable reduction in the number of notifications in 1971 as a result of the very full vaccination programme which has been carried out in all areas.

It is heartening to note that this year there were again no cases of small-pox, poliomyelitis or diphtheria in the county.

Infective Jaundice which is always an endemic problem has shown a decline from 98 to 35 cases during the year.

Scarlet Fever has again shown a decrease from 93 to 41 cases which is highly satisfactory.

Tuberculosis. When all forms and types are considered there has been a reduction from 61 to 42 cases and we hope that in the next few years this once dreaded disease may be completely eradicated.

Cancer of the Lung. It is very heartening to note that the numbers of this disease have fallen from 197 to 176 and we hope that this may be the result of the energetic anti-smoking campaigns which have been conducted throughout the County by the Health Education Officer.

Vaccination and Immunisation. Protective measures against Diphtheria, Whooping Cough and Poliomyelitis show an even better rate than in the previous year. 94% of Cornish children having been satisfactorily protected against these diseases by the time of their second birthday.

It is also interesting to note that for the first time 379 girls at the age of 13 have been protected against German Measles and it is hoped that much larger numbers will be similarly protected next year with more readily available supplies of vaccine.

	Percentage of Children born in 1968 and Vaccinated by 31.12.70			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England	79	81	79	35
Cornwall	94	95	93	21

Number of children (in age groups) given primary protection during the year:

	Year of birth						Total
	1970	1969	1968	1967	1963- 66	Others under 16	
Poliomyelitis	1,995	3,951	232	97	274	69	6,618
Diphtheria, Whooping Cough and Tetanus	2,005	3,876	208	85	187	28	6,389
Measles	8	1,016	1,472	914	1,660	184	5,254
Rubella	—	—	—	—	—	379	379

Vaccination against Smallpox

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1 - 4	under 16
1961	4,850	1,380	1,116	2,916
1962	5,178	1,525	3,176	15,328
1963	5,189	451	419	1,266
1964	5,391	367	1,507	2,217
1965	5,415	210	2,253	2,668
1966	5,384	266	2,676	3,152
1967	5,207	284	2,132	2,703
1968	5,134	114	2,076	2,428
1969	5,330	28	1,730	2,070
1970	5,270	33	2,416	2,826

Tuberculosis

New Notifications of Tuberculosis

	Respiratory			Non-Respiratory			All Forms		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1961	77	40	117	9	14	23	86	54	140
1962	79	40	119	7	3	10	86	43	129
1963	63	39	102	11	9	20	74	48	122
1964	68	32	100	12	8	20	80	40	120
1965	49	28	77	4	8	12	53	36	89
1966	46	22	68	3	9	12	49	31	80
1967	33	16	49	3	11	14	36	27	63
1968	35	19	54	7	5	12	42	24	66
1969	34	7	41	6	14	20	40	21	61
1970	16	21	37	2	7	9	18	28	46

Analysis of Notifications of Tuberculosis

Age Group	Year									
	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
0-14	9	13	10	8	8	7	8	7	4	1
15-24	17	12	18	11	9	8	4	7	10	5
25-64	97	82	81	84	52	45	43	36	40	29
65+	17	22	12	17	20	20	8	16	7	11
Totals	140	129	122	120	89	80	63	66	61	46

Mortality from Tuberculosis

	Deaths			Death Rates					
	CORNWALL			CORNWALL			ENGLAND AND WALES		
	Respi-ratory	Other Forms	All Forms	Respi-ratory	Other Forms	All Forms	Respi-ratory	Other Forms	All Forms
1961	19	4	23	0.06	0.01	0.07	0.05	0.02	0.07
1962	16	4	20	0.05	0.01	0.06	0.05	0.02	0.07
1963	25	2	27	0.07	0.005	0.075	0.05	0.01	0.06
1964	18	1	19	0.05	0.003	0.05	0.04	0.01	0.05
1965	16	2	18	0.05	0.006	0.05	0.03	0.02	0.05
1966	12	3	15	0.03	0.009	0.043	0.04	0.01	0.05
1967	6	5	11	0.02	0.014	0.031	0.03	0.01	0.04
1968	15	4	19	0.04	0.011	0.053	0.03	0.01	0.04
1969	5	9	14	0.01	0.025	0.036	0.02	0.02	0.04
1970	7	6	13	0.02	0.02	0.036			

Tuberculin Testing and B.C.G. Vaccination

As in previous years Heaf Testing and B.C.G. vaccination were offered to all children who had attained the age of 11 years, and also to students at the Cornwall Technical College not previously tested. During the year of 5,137 children tested, 4,380 were found to be tuberculin negative, of whom 4,355 were B.C.G. vaccinated.

In addition, 407 contacts were found to be negative reactors and of these 211 were vaccinated.

Mass Radiography Service

Report on X-Ray Examinations of Cornish residents during 1970:

	Male	Female	Total
Number of persons examined	5,602	4,269	9,871

Incidence of Disease

Cases of Pulmonary Tuberculosis:

(a) Requiring treatment	4
(b) Requiring observation	—
(c) Inactive cases	49

Other Non-Tuberculous Conditions:

Bronchial Carcinoma	7
Benign Tumours	2
Lymphadenopathies	1
Sarcoidosis	6
Congenital Cardiac Lesion	1
Acquired Cardiac Lesion	64
Pneumoconiosis	21
Byssinosis	1
Bronchiectasis	8
Bacterial and Virus Infections of the Lungs	44
Pleural Effusion and Empyema	1
Bronchitis and Emphysema	35

Other Abnormalities:

Abnormalities of the Bony Thorax	1
Dorsal Scoliosis	8
Kypho Scoliosis	2
Lymphogenic Alveolitis	1
Pleural Thickening	18
Pulmonary Fibrosis	5
Spontaneous Pneumothorax	1

Chiropody

At the end of 1970, the following numbers of patients were registered:

Class A and B	Persons over the age of 65 years and confined to the house by reasons of foot disabilities which are amenable to treatment, or physically handicapped persons (of any age) who are housebound.	3,738 (1809)
Class C	Persons liable to ulceration of the feet by reason of systemic disorder (such as diabetes or circulatory or neurological disorder)	238 (296)

Number of persons treated during the year:

	By Local Authority	By Voluntary Organisations	Total
Persons over 65 years of age	3,738	552	4,290
Others	238	38	276
Total	3,976	590	4,566

Number of treatments given during the year:

	By Local Authority	By Voluntary Organisations	Total
In Clinics	7	496	503
In Patients' Homes	11,127	167	11,294
In Old Peoples' Homes	3,411	604	4,015
In Chiropodists' Surgeries	2,469	2,061	4,530
Total	17,014	3,328	20,342

There has been an increase in the number of treatments given, particularly in the patients homes. It is hoped to increase the number of clinics in future years and to expand the range of those eligible for the service.

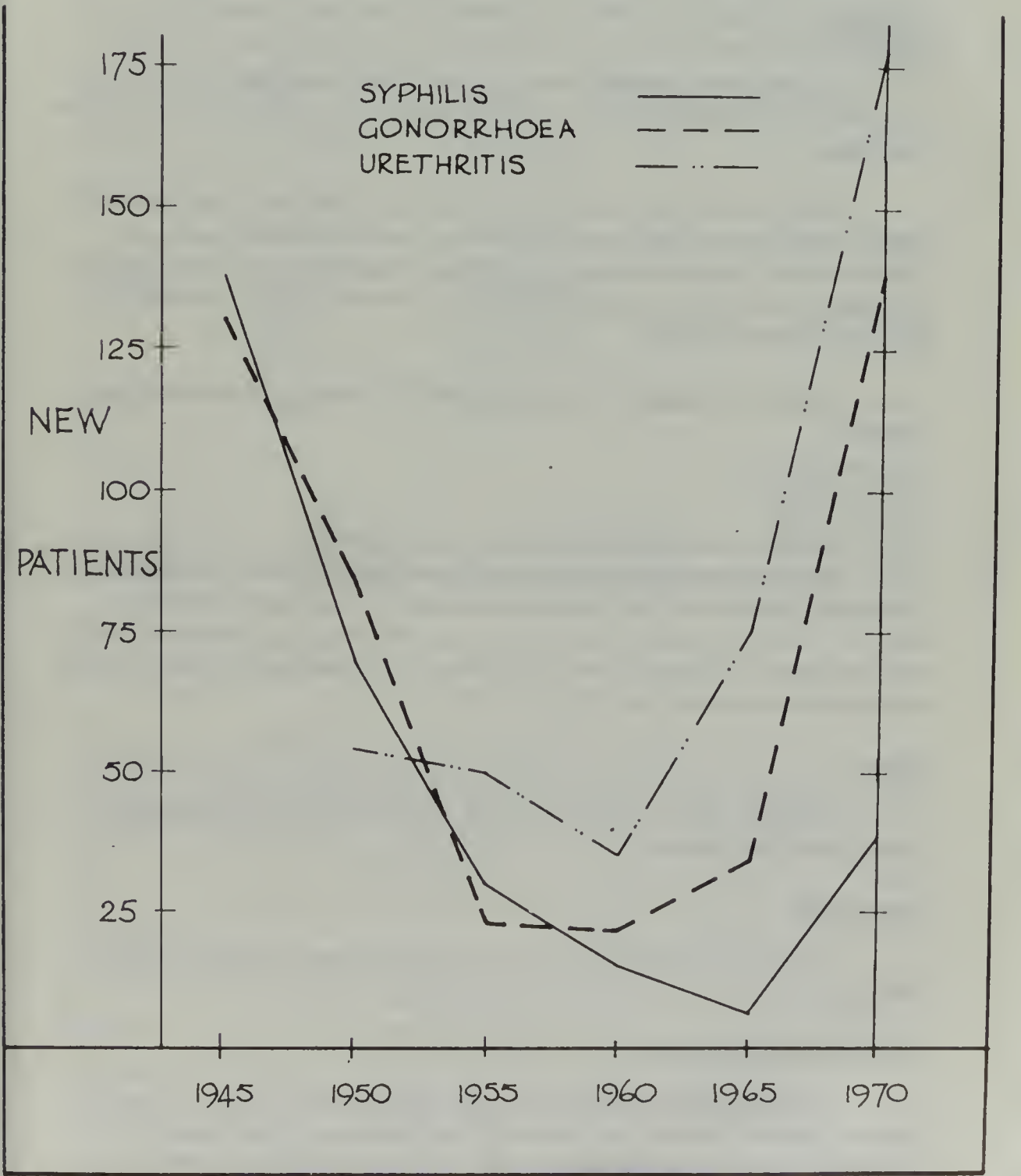
Venereal Disease

The following report on the Venereal Disease Service in the West Cornwall Clinical Area has been contributed by Dr. E. R. Hargreaves.

Prevalence

The annual number of new cases attending during the past 10 years is shown in Table 1.

WEST CORNWALL V.D. CLINICS 1945-1970
NEW PATIENTS



The changing pattern in the type of infection most prevalent is shown in Table 2 and Figure 1. Syphilis has ceased to be a major problem but figures for gonorrhoea and non-gonococcal Urethritis continue to climb.

The ever increasing summer population accounts for approximately 50% of the patients.

Age and Sex

During the year twelve children under 16 years attended, all except 1 were girls: one girl had gonorrhoea, 6 others vaginitis, in the remainder no infection was found.

Some of these girls are brought to the clinic by their mothers, a few are under the care of the Local Authority, but most come under their own steam. These last often request that their own doctor or parents shall not be told and this confidence I must respect; indeed the patient is still treated even if unwilling to give name, age and address.

In the 16-17 age group, 13 boys (4 with Gc) and 20 girls (4 with Gc) attended.

Contact Tracing

This is of vital importance but the most difficult part of the service. The ratio of women to men attending the clinics gives some indication of efficiency in discovering contacts. In 1963, 1 woman attended to every 4 men, in 1970 the ratio is 1 - 2.6. Improving but still room for improvement. Mr. Demellweek, (S.R.N. and Laboratory Technician) having shed some of his other hospital duties has been able to give more time to the work.

Clinics

With the exception of Penzance, all are held in Out-Patient accommodation and all are satisfactory.

Nursing Care

At each of the seven clinics a sister or senior nurse is supplied by the Hospital.

Hospital Accommodation

The present arrangement is that patients be admitted to side rooms on Medical Wards at Treliske. I ask for one of these beds only in dire necessity as there is great pressure on Medical beds, also I feel it is a misuse of expensive specialised accommodation.

In consequence many patients who, in the past, would have been admitted for Public Health reasons – e.g. Acute Gc. Urethritis working in Hotel Catering Services – are treated as domiciliary patients.

Consultant Sessions

When I took over this service in July, 1963, I was granted three sessions but with increase in work and the opening of additional clinics this has been increased to five sessions. This I find adequate, my time is allocated as shown below:

Day	Clinic	Hours	Travel Time	Total Time
Tuesday	St. Austell	1300-1400	1 hour	2 hours
Wednesday	City, Truro	1400-1600	—	2 hours
	Newquay	1630-1745	1 hour	2 hrs. 15 mins.
Thursday	*St. Ives	1300-1400)	2½ hours	5 hrs. 30 mins.
	Penzance	1500-1600)		
	Redruth	1700-1800)		
Saturday	Falmouth	1000-1200	¾ hour	2 hrs. 45 mins.
				14 hrs. 30 mins.
Administration				3 hrs. 30 mins.
Total for 5 sessions				18 hrs.

* May-September only.

TABLE 1

New Patients – Total Attendances in brackets

Year	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
St. Austell	24	24	18 (48)	36 (109)	67 (136)	43 (122)	52 (168)	68 (244)	84 (256)	101
Truro	72	55	89 (190)	130 (301)	92 (259)	85 (242)	120 (365)	106 (312)	127 (367)	117
Newquay						69 (215)	100 (332)	99 (375)	107 (363)	135
Falmouth	37	46	42 (80)	66 (214)	73 (197)	72 (232)	83 (245)	81 (304)	109 (378)	122
Redruth	40	30	43 (116)	34 (117)	52 (130)	37 (114)	53 (153)	57 (195)	59 (171)	65
Penzance	47	31	37 (105)	36 (90)	66 (159)	76 (215)	90 (234)	90 (327)	102 (323)	136
St. Ives									42 (131)	34
TOTALS	220	186	229 (539)	302 (837)	350 (881)	382 (1140)	498 (1497)	501 (1757)	630 (2009)	710

TABLE 2

Year	Sy	Gc	Non-Gc Urethritis	Total New Patients
1945	137	129		497
1950	69	81	50	448
1955	30	22	42	313
1960	19	19	39	268
1965	6	36	63	350
1970	16	139	179	710

HEALTH EDUCATION

Report of the Health Education Officer

It is now four years since the County Health Education Service came into being and during that time we have seen a steadily rising demand for the services of the section. It is encouraging to find that the requests for talks and health education materials come from so wide a range of individuals and groups. One is tempted to ask whether this indicates a greater recognition among members of the community that health is a worthwhile goal in itself.

Much of the valuable and often immeasurable health education is carried out by Health Visitors, Midwives and District Nurses as part of their daily duties in the homes of their patients. Details of the number of talks given by the nursing staff are contained in the report of the Chief Nursing Officer but an interesting breakdown is given below of the wide range of subjects covered. The Health Education Section once again provided supporting guidance on methods and endeavoured to provide teaching materials.

Subjects covered by Health Visitors

All aspects of Ante-Natal Education including special sessions for husbands and wives.

Accident Prevention including Beach and Holiday Safety

Adolescent development

Child Care and development of the under fives.

Clean food

Cervical Cytology

Dental Health
 Family Life and social problems
 Family Planning
 First Aid in the Home
 Home Nursing
 Health Hazards of Smoking
 Nutrition
 Obesity in Childhood
 Personal Hygiene
 Problems of the Menopause
 The Spread of Infection
 The School Health Service
 Travelling with Babies and Young Children
 Vaccination and Immunisation
 Venereal Disease
 Weight Control
 The Work of the Health Visitor, District Nurse and Midwife.

The County Nursing Staff are now attached to the General Practitioners Service and this has enlarged the potential for health education. A few of the family doctors are gradually being drawn into health education activities – anti-smoking courses, and talks and discussions with parent groups. The Health Education Section has supported them by providing lecture notes and teaching aids such as slides and films.

Lectures and Talks given by the Health Education Officer

Parent Teacher Associations	5
Local Teachers' Centres	5
Mothers Clubs	2
Women's Organisations & other groups	13
Student Teachers	1
Hospital Pupil Midwives	4
Secondary School Children	23
Parent Sessions in Hospital Ante-Natal Clinics	4
Youth Leaders Training Groups	2
Youth Club Members	4
County Nursing Staff	22
	<hr/>
TOTAL	85

Of these 30 were evening sessions.

The number of talks given shows an increase over 1969 when the total given was 74.

New Audiovisual Equipment

Two new 16 m.m. Bell and Howell film projectors have been purchased and one is based permanently at Liskeard Health Area Office. The staff in that area are gradually being trained in its use. This has considerably eased the problems of showing films to ante natal groups and has enabled the staff to reach a wider audience. It has also reduced the travelling time needed for the collection and return of such equipment. Additional film strip and slide projectors have been placed at St. Austell, Falmouth and Wadebridge again enabling staff to use teaching aids with the minimum amount of inconvenience. A start has been made on building up a small film library. The films "Smoking and You" and "Dying for a Smoke" have been purchased and extensive use has been made of them by Schools and Youth Clubs.

Display and Exhibitions

An interesting venture of co-operation between hospital and local authority staff featured the display of a six panel exhibit in the foyer of the Royal Cornwall Hospital (Treliske). The exhibit entitled "Smoking and You" attracted wide attention both among the many visitors and staff. The demand for literature soon outstripped the supply and altogether some 5,000 leaflets were distributed. The exhibit remained at Treliske for three weeks and was then sited in the Out-Patient Department of the Royal Cornwall Hospital (City) after which it went out on tour to Secondary Schools throughout the County.

It would appear that places where people have time to 'stand and stare' may be excellent sites for health education material. In this instance we are grateful for the support and encouragement of all hospital personnel involved in this experiment.

Once again the Health Department stand featured a telling exhibit at the Royal Cornwall Show. The main theme covered the work of the Chief Public Health Officer and his staff. Clean water supply and sewerage schemes may not sound exciting but the exhibit explained in an interesting way and by means of a working model how these schemes are planned, executed and most important how they are financed. Our colleagues from the Public Health Laboratory joined with the Milk Sampling Officer in presenting the problems of combating Brucellosis and the microscope slides and other equipment were closely scrutinised.

Health Education in Schools

Continued support was given to the teaching staff by the Health Education Section. Advice was sought on syllabus content and once again teaching aids and other equipment were loaned to many Schools both Primary and Secondary. The B.B.C. Radiovision Series "Where do Babies Come From" and "Growing Up" were previewed at several Local Teachers' Centres, and seen by four Parent

Teacher Associations. These were followed up by discussions with the Health Education Officer and the teachers who would be directly involved in teaching sex education.

In-Service Training

In November the Health Education Council Mobile Unit of the Field Services Division visited the County. After an initial staff training course the Unit was sited at the St. Austell Arts Centre. In spite of wet and windy weather over 280 Secondary schoolchildren toured the Unit and saw films dealing with Weight Control. Several Mothers Clubs and Women's Institutes attended and participated in a new health education venture. The Unit was moved to the Moor Car Park at Falmouth for the latter half of the week and provided a unique opportunity for the Health Visitors to invite passers by into the van to discuss problems associated with weight control. Altogether a total of 378 people saw the exhibit. It was found however, that a week was insufficient for this type of health education venture and at least a fortnight will be required in future.

Health Education in Industry

During the year the Health Education Section was approached by one of the smaller industrial concerns in the County for literature and display material on the subjects of smoking and weight control. This was largely through the enthusiasm of the nurse in charge of the occupational health unit and it was closely followed by requests from the workers for literature to "take home to the wife" on women's health topics.

Valuable lessons have been learned as a result of the new ventures in health education during the year in hospital and in industry. These are surely two of the most neglected groups in health education but also two of the groups most motivated to learn how to prevent illness or regain that precious thing — health.

DOMESTIC HELP SERVICE

The Women's Royal Voluntary Service continued the day-to-day organisation and supervision of the Service in all but three areas, where there are paid Organisers.

As anticipated the Home Aid (Good Neighbour) Scheme was absorbed into the Home Help Service in April. Approximately 200 former Home Aid cases were transferred to the Home Help Service and over 100 former Home Aids were enrolled either as Spare-Time Home Helps or as Neighbourly Helps. In order to avoid misunderstanding or distress, each householder concerned was sent an explanatory letter before the date of amalgamation and assured that wherever

practicable assistance would continue to be given by the same Helper as in the past. As a result of the amalgamation additional work and responsibility has been placed on many of the Home Help Organisers, both paid and volunteer. The co-operation and assistance received from the former Home Aid Specialists was invaluable and four of them agreed to assist the Home Help Organisers in their areas.

During the year the Night Sitter Service helped 14 cases and 109 households were assisted by Neighbourly Helps. In the latter, the expansion is in part due to the fact that a number of Home Aids were unable to be enrolled as Home Helps but could become Neighbourly Helps, and in most instances continue to care for the same householder as they had helped under the Home Aid Scheme.

The County Home Help Organiser attended a week-end school at Malvern. The speakers were outstanding and the course was most beneficial.

One Organiser attended a residential course at Weston-Super-Mare and found the lectures very helpful.

Free Home Help has been supplied to seven women suffering from toxæmia of pregnancy and other conditions requiring complete bed-rest prior to confinement. In one instance the help was required for a very considerable period.

This Service will be transferred to the new Social Services Department in April, 1971.

Domestic Help Service

The following table shows the present position:

Area	Home Helps Employed			Cases Helped				
	Whole Time	Part Time	Spare Time	Chronic Sick & T.B.	Under 65 Mentally Dis-ordered	Mater-nity	Others	Over 65
1	1	8	108	33	7	5	29	425
2	—	15	122	28	—	13	25	422
3	6	10	103	40	3	11	41	460
4	—	3	71	15	1	5	26	268
5	—	—	32	6	—	2	6	105
6	—	3	58	9	1	3	16	132
7	—	2	103	25	2	9	28	273
Resident	1	—	1	—	—	7	2	1
Total	8	41	598	156	14	55	173	2,086
	647			2,484				

The following table shows the work over the past five years:

Year	Equivalent No. of Whole Time Home Helps as at 31st December	Under 65				Over 65	Total
		Chronic Sick & T.B.	Mentally Dis-ordered	Mater-nity	Others		
1966	146.0	101	5	140	123	1,107	1,476
1967	156.6	111	10	98	102	1,235	1,556
1968	158.9	138	15	78	103	1,437	1,771
1969	163.0	168	23	94	123	1,461	1,869
1970	214.0	156	14	55	173	2,086	2,484

Mental Health and Welfare Services

1. Administration

1970 has been a year of impending change, and with the coming into full operation of the Local Authority Social Services Act on the 1st April, 1971, the Mental Health and Welfare Services will leave the Health Department. Many of those involved in the formation of the new Social Services Department will feel a tinge of sorrow at leaving the "Health family", and it is hoped that the close links forged over the years within that "family" will **withstand** physical and legislative separation.

(a) Committee

The Welfare Sub-Committee of the Health Committee is responsible for the administration of the service, with capital building work being dealt with by the Estates Management Sub-Committee. Both Committees have met quarterly throughout the year, and will hand over their functions to the Social Services Committee in 1971.

(b)(i) Staff

The staffing establishment of the social work services has remained unchanged throughout the year, but we have been able to fill several vacancies of fairly long standing. With the exception of a part-time Social Worker for the blind, we are now at full strength. An improvement in the staffing structure of residential establishments, implemented during the past two years, has made our problems in this sphere of work much easier. There has been an improvement in recruitment also, particularly at Assistant Matron level.

At Headquarters, present staff is as follows:

Principal Mental Health and Welfare Officer	1
Deputy Principal Mental Health and Welfare Officer	1
Assistant Principal Mental Health and Welfare Officer	2
Senior Social Worker for the Deaf	1
Supervisor of Training Services	1
Supervisor of Residential Homes	1

The Social Work staff continue to be deployed in five area teams, very much on the lines of the Seeböhm recommendations. The areas correspond to the clinical areas of the Psychiatric Hospital covering the County, and form an excellent basis for further staff amalgamation in an "all purpose" organisation. Present staffing is set out below:

Senior Mental Health and Welfare Officers	5
Mental Health and Welfare Officers	28
Social Workers for the Blind	6
Family Welfare Workers	17

(ii) Training of Staff

Release of staff to undertake training for the Certificate in Social Work, has continued. At the present time 4 members of staff are on secondment, and temporary staff have replaced them so that the work of the areas does not suffer unduly. Of our present Mental Health and Welfare Officers in the area teams, 1 holds the Mental Health Certificate, 9 have the Certificate in Social Work, 4 the Declaration of Recognition and 4 hold University Degrees or Diplomas.

During 1970, one member of the Residential Home's staff was seconded on the new 1 year course of training for Residential Social Work. Two short in-service courses were also organised, and four members of the staff of Hostels for the mentally handicapped have been attending a day release course organised by the Childrens Department.

MENTAL HEALTH

1. (a) Co-ordination with Regional Hospital Board and Hospital Management Committees

Close liaison and co-operation between the Local Authority and the Hospital Services are no longer merely desirable but are now essential features of a well developed Mental Health Service. In this County regular meetings are held at member and officer level between the Local Authority and the Management Committees. Careful consideration is given to the distribution and use of all available resources to bring about an efficient service to patients in hospitals and in the community.

The Joint User basis, on which one social worker from each Mental Health and Welfare team spends a fifth of her time in the psychiatric hospital working with the patients from her 'home' area, helps to add to the patients' confidence in the continuity of treatment whether it be as an 'in-patient' or an 'out-patient'. The administration of the service and the clinical provision are constantly under review at the bi-monthly discussions held between the Medical Staff and Chief Nursing Officer of St. Lawrence's Hospital and all the Local Authority Mental Health and Welfare Officers. When the new Social Service Department comes into being in April next year, these well established discussions will form the basis of continued working relationships between the medical profession and the social workers.

In spite of temporary changes in the consultant psychiatrists at the Royal Western Counties Hospital, the Consultant has increased his out patient clinics for the mentally handicapped in Cornwall from fortnightly to weekly. There is no waiting list now for appointments and patients are given regular follow up consultations whenever required. Much of the Consultants time at clinics is taken up advising parents on the care of their handicapped children and, along with the social workers, he is able to give effective continued support to many parents who, without help of this kind, would be forced to seek hospital care for their children. A psychiatric social worker, works in liaison with Royal Western Counties Hospital, spending two days a month attending the case conferences with the Consultants and other medical staff, and visiting some of the three hundred Cornish patients in that hospital.

(b) Duties delegated to Voluntary Associations

It has never been the policy of the Cornwall County Council to delegate statutory mental health duties to the Voluntary Associations. The two Societies for the Mentally Handicapped in this County support the statutory services by helping to provide the 'extras'. Towards the end of this year the East Cornwall Society for the Mentally Handicapped launched an appeal for the provision of a swimming pool for the children at Doubletrees Training School. This project was encouraged by the success of the pool provided in 1969 by the West Cornwall Society at the Redruth Centre. Support from local organisations has been magnificent in the short time the appeal has been open. £1,000 has been received from one Donor.

The Voluntary Associations continue to be the means through which members of the community can participate in the provision of better social services. The East Cornwall Society has formed a club to which parents and relatives of mentally handicapped persons can belong and obtain support from the sharing of experiences. This has worked well for a number of years.

2. Account of work undertaken in the Community

(a) Prevention of Mental Illness, Care and After-care

1,602 Cornish patients were admitted to psychiatric hospitals during 1970. This figure includes admissions to the Charles Andrews Psycho-Geriatric Clinic and is slightly lower than the total for the previous year. In spite of the recent advances in geriatric hospital provision in Cornwall more long stay accommodation is urgently required and the County Council is allocating for the elderly and confused a further home which will be completed in the near future.

Patients and helpers alike work together in the two Psychiatric Social Clubs at Falmouth and Penzance to offer companionship to people who have experienced the problems which accompany a mental illness. These two clubs combine social activities with the elements of group therapy and many members who, only a few years ago, found difficulty in attending club functions are now members of other organisations and take an active part in them.

(b) Initial Proceedings by Mental Welfare Officers

937 patients were admitted to psychiatric hospitals by Mental Welfare Officers in 1970, two-thirds on an informal basis. This is 119 less than last year and represents a fall in the number of female admissions. It is hoped that this decrease is due to the existence of better preventive services and that it will be maintained in the future.

Social workers, already carrying large caseloads, are looking forward with some trepidation to the formation of the new Social Service Department. On the whole the feeling is that the client will obtain a more comprehensive service in the long term once the initial problems of a new administrative organisation are overcome. The emergency service, maintained on a 24 hour basis, will be continued and the Mental Health and Welfare Officers who carry out the service so conscientiously deserve all credit given to them.

(c) The Sub-normal and Severely Sub-normal

(i) Ascertainment and Community Care during the year

During 1970, 13 children were reported as unsuitable for education at school and 34 school leavers were referred to the social workers for supervision and guidance. General Practitioners, the Children's Department and Careers Officers referred a further 70 mentally handicapped men and women for community care. A total of 948 mentally handicapped and severely mentally handicapped persons were on the caseloads of the social workers at the end of the year.

The Counselling Service continued with a further 12 children referred

through the Paediatric Clinics, two of these at the parents own request. Many of these babies have additional handicaps such as cerebral palsy, blindness or deafness as well as subnormality.

In the initial stages, parents sometimes need several closely spaced visits but on the whole the service is maintained by occasional informal visits, supported by the parents spontaneous use of telephone calls when any interesting stage of development can be reported. Advice and provision has been arranged for individual needs such as specially designed cots, prams, safety devices and clothing. Six cases have been able to accept vacancies in the Special Care Unit attached to Curnow School, which continues to give young parents a more hopeful attitude to their children's problems. This is a great help in fostering patterns of acceptance rather than the tendency to rejection, which can be an important factor at this stage.

The numbers of patients on the waiting list for hospital has remained constant since last year. Most emergency cases have been accommodated by the Royal Western Counties Hospital promptly. The building of a new 30-bedded hospital for severely mentally handicapped children is up to schedule and should be completed on time in March next year. This will complete the complex of school, hostel and hospital (the Kushlick concept) on the one large site near St. Austell, and will greatly reduce the need for severely handicapped children to leave Cornwall for hospital care, thus enabling parents to keep in touch more easily.

(ii) Training

The total number of children and adults receiving training in the Schools, Centres and the Industrial Unit was 371.

The number in the two Junior Training Schools is increasing steadily now that Curnow School has the entire premises. Staffing has been a problem owing to resignations (usually matrimonial in origin) but it is hoped that this will be shortly rectified. Doubletrees School is not yet up to the potential as the two new classrooms scheduled for 1971 are not to be ready before Easter. Both Schools have flourishing Parent Teachers Associations as well as the appropriate supporting voluntary societies.

In April of next year the responsibility for the education of all children will pass to the Local Education Authority, regardless of degree of subnormality. Thus children who have hitherto attended Junior Training Schools or have been considered ineducable (remaining in their own homes if unable to attend such a Centre or School), will now be catered for much in the same way as before, but with the additional support of the full range of educational services as a right, instead of a privilege — although such privileges have always been accorded in this County! This major change will undoubtedly present initially many administrative

problems but most important of all, the same Mental Health Social Worker who by then will be in the new Social Services Department, will still be responsible for the well-being of the family. This need for continuing care for each child is hoped will be covered by the pattern of informal contact between Schools and Social Workers, with regular termly meetings between them and the Schools staff, together with a clear cut procedure for referral to appropriate advisory clinics and residential hospital care.

The two Adult Training Centres at St. Austell and Redruth are almost full to capacity and some very excellent work is produced by the trainees. The value of the social and educational aspects of training is not forgotten and it has been most interesting to observe the progress the trainees have made in the last weeks of 1970 in understanding the new decimal money. Many of them seem to have as good a grasp of its use as the staff!

The Industrial Unit has been operating with an average of 60 trainees on the register throughout the year and the 25-bedded mixed hostel has been full most of the time. By the end of the year, 40 trainees had been placed in open employment and 8 of the hostel residents were in employment also. Many of the young men who are in jobs now were originally resident in the hostel and are successfully living in lodgings at the present time. It is most unfortunate that so many landlords are unwilling to take girls. The few landlords who welcome girls are already on the lodging list of the Cornwall Technical College.

The group discussions led by a Mental Health and Welfare Officer have continued throughout the year and with the co-operation of the instructors have proved a useful medium for the younger trainees to express their fears and their expectations about a period of attendance at the Unit.

Selection for the Unit and for the Hostel is discussed at a case conference held at the Unit every month and attended by the staff of the Unit, the social workers involved with the cases, the Principal Mental Health and Welfare Officer and the Consultant Psychiatrists who advise the County Council in matters relating to the mentally ill and the mentally handicapped.

This Unit has proved so successful in the two years of its existence that the County Council is planning a further such unit for the St. Austell area where the emphasis will be on places for the physically handicapped.

(iii) Hostels

The Children's Hostel at Doubletrees has settled down well with a new Warden and Deputy, after many changes earlier in the year. Under the enthusiasm of the present Warden, the children are showing marked improvement. The 'home' programme is geared to child interests and normal recreational activities and ties

in well with the school programme. Co-operation between School and Hostel, which is of vital importance, is very good indeed. Local interest is being aroused and maintained and the children are invited to attend many local functions. The foundations of the new 25-bedded hostel at Redruth are being laid and it should be completed in 1972.

The Adult Hostels in St. Austell – Tregarne and Blantyre, have been full to capacity all year, except for a reduction of numbers during the times the Adult Training Centre was closed for holidays. Credit is due to the staff of both hostels for carrying on for quite long periods with staff shortages. All the hostels are well staffed now and the winter activities are in full swing.

The value of the hostel in the training of a young mentally handicapped person is far too often under-estimated. One has only to observe closely the rapid progress made by most new residents who have not been away from home previously to begin to understand the contribution made by the hard work of the wardens and their assistants.

The Residential Hostel at Redruth has now been named “Boskennerth” – House of Hope – a most appropriate name. The turnover of residents in the hostel is most satisfactory, although there are one or two long term residents. The social activities rate very highly in the lives of the young residents and many take an interest in community work, particularly in the nearby Home for the Elderly. The aim is to make each individual as self-supporting emotionally and socially as possible by the time he or she is ready for open employment.

No one, who has not actually done residential work, can envisage the amount of time and energy which is required of the staff in the fulfilment of their duties, and we are fortunate in having a calibre of staff in these hostels who put the needs of the residents before their own.

MENTAL HEALTH STATISTICS AT 31st DECEMBER, 1970

(The figures in brackets indicate the numbers at 31.12.1969)

A. Hospital Care

(a) Mental Illness

(i) Admissions during the year by Mental Welfare Officers

Name of Hospital	Informal		Section 25		Section 29		Section 26		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	265 (266)	380 (456)	18 (20)	33 (52)	100 (92)	130 (153)	3 (4)	— (2)	1 (2)	1 (1)	387 (384)	544 (664)
Moorhaven Hospital Devon.	—	1	— (1)	—	—	—	—	—	—	—	— (1)	1
Charles Andrews Clinic, Barncoose Hospital, Redruth	1 (1)	— (2)	1	1	1 (2)	1 (2)	—	—	—	—	3 (3)	2 (4)
	266 (267)	381 (458)	19 (21)	34 (52)	101 (94)	131 (155)	3 (4)	— (2)	1 (2)	1 (1)	390 (388)	547 (668)

Total admissions during 1970 by Mental Welfare Officers: 937 (1,056)

(ii) Admissions of Cornish patients during the year from all sources

Name of Hospital	Informal		Section 25		Section 29		Section 26		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	397 (407)	659 (698)	18 (20)	33 (52)	100 (94)	130 (153)	4 (4)	1 (2)	3 (3)	1 (1)	522 (528)	824 (906)
Moorhaven Hospital, Devon.	1 (2)	8 (3)	— (1)	—	—	—	—	—	—	—	1 (3)	8 (3)
Charles Andrews Clinic, Barncoose Hospital, Redruth	85 (84)	153 (175)	1	2	1 (2)	1 (4)	—	— (1)	—	4 (1)	87 (86)	160 (181)
	483 (493)	820 (876)	19 (21)	35 (52)	101 (96)	131 (157)	4 (4)	1 (3)	3 (3)	5 (2)	610 (617)	992 (1,090)

Total admissions during 1970 of Cornish patients: 1,602 (1,707)

(iii) Admissions of Cornish Patients aged 65 years and over to St. Lawrence's Hospital during the year
(These figures are included in the numbers given under (ii))

Informal M	F	Section 25		Section 29		Section 26		Court Cases		Total	
		M	F	M	F	M	F	M	F	M	F
99 (107)	176 (180)	10 (5)	14 (13)	18 (20)	28 (28)	2	— (1)	—	—	129 (132)	218 (222)

(iv) Number of Cornish patients in Hospitals at 31st December, 1970

Name of Hospital			M		F		Total	
St. Lawrence's Hospital, Bodmin			413		675		1,088	
			(431)		(677)		(1,108)	
Moorhaven Hospital, Devon			4		11		15	
			(3)		(10)		(13)	
Charles Andrews Clinic, Barncoose Hospital, Redruth			7		19		26	
			(4)		(25)		(29)	
			424		705		1,129	
			(438)		(712)		(1,150)	

(b) Subnormality and severe subnormality

(i) Admissions during the year

Name of Hospital	Informal		Sections 25 & 29		Section 26		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	7 (9)	4 (3)	1 (1)	—	—	3	10 (13)	— (2)	18 (23)	7 (5)
Hospitals for the Sub-Normal in Cornwall	1 (2)	2 (1)	—	— (1)	—	—	—	—	1 (2)	2 (2)
Other Hospitals and Approved Homes	1 (1)	2 (1)	—	—	—	—	—	—	1 (1)	2 (1)
	9 (12)	8 (5)	1 (1)	— (1)	—	3	10 (13)	— (2)	20 (26)	11 (8)

Total admissions during 1970: 31 (34)

(In addition to these figures 12 males and 7 females were admitted for temporary care)

(ii) Patients in Hospitals (including patients on leave)

Name of Hospital	M	F	Total
Royal Western Counties Hospital Group	176 (173)	82 (94)	258 (267)
Hospitals for Sub-Normal in Cornwall	82 (82)	94 (98)	176 (180)
Other Hospitals	48 (51)	30 (31)	78 (82)
	306 (306)	206 (223)	512 (529)

(iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16			
(a) Cot and Chair cases	—	—	—
(b) Ambulant Low grade cases	2 (1)	—	2 (1)
(c) Medium grade cases	2 (4)	2 (6)	4 (10)
(d) High grade cases	—	1 (1)	1 (1)
(2) Under the age of 16			
(a) Cot and Chair cases	8 (9)	12 (10)	20 (19)
(b) Ambulant low grade cases	9 (7)	3 (1)	12 (8)
(c) Medium grade cases	2 (3)	1	3 (3)
(d) High grade cases	—	—	—
	23 (24)	19 (18)	42 (42)

(These figures include 6 males and 9 females of cot and chair grade and 1 male of ambulant low grade under the age of 16 years at present in an Approved Home. Ten of these patients are over age for transfer).

B. Community Care

(a) Mental Illness

	M	F	Total
Receiving after care visitation	173 (183)	355 (357)	528 (540)

(b) Subnormality and sever subnormality

(i) Number of new cases reported during the year

How reported	M	F	Total
(1) Notified by the Education Committee: Education Act, 1944			
(a) Children unsuitable for education at school	8 (12)	5 (8)	13 (20)
(b) School leavers reported informally	20 (12)	14 (12)	34 (24)
(2) Reported from other sources	42 (48)	28 (29)	70 (77)
	70 (72)	47 (49)	117 (121)

(ii) Number of patients under care on 31.12.70

	M	F	Total
(1) Under Informal care	521 (485)	424 (404)	945 (889)
(2) Under Guardianship	—	—	—
(3) On leave from Hospitals	1 (1)	2 (—)	3 (1)
	522 (486)	426 (404)	948 (890)

(iii) Number of patients receiving training at 31.12.70

	M	F	Total
Curnow Training School, Redruth	46 (43)	40 (35)	86 (78)
Adult Training Centre, Redruth	32 (25)	35 (38)	67 (63)
Industrial Unit, Redruth:			
(a) Day Trainees	36 (21)	20 (15)	56 (36)
* (b) Hostel Residents	11 (11)	2 (3)	13 (14)
Blantyre Training Centre, St. Austell:			
(a) Day Trainees	18 (17)	16 (12)	34 (29)
* (b) Hostel Residents	18 (19)	20 (17)	38 (36)
Doubletrees Training School, Penarwyn, St. Blazey:			
(a) Day Trainees	23 (23)	18 (20)	41 (43)
(b) Hostel Residents	14 (12)	15 (16)	29 (28)
Home Teaching Cases	—	—	—
Training Centres run by other authorities	7 (2)	— (1)	7 (3)
	205 (173)	166 (157)	371 (330)

* In addition, 8 women live in the Redruth Hostel and 1 man at the Blantyre Hostel and go out to daily employment.

WELFARE SERVICES

The Aged and Infirm

1. Accommodation for the Elderly

As anticipated, the new Homes for the Elderly at Liskeard and Callington were completed in the Spring of 1970. They have been appropriately named Pengover House and Chyvarhas respectively — Pengover House being the largest house in Pengover Road and Chyvarhas being a Cornish translation of “Market House” and thus having reference to the Home being built on the site of the former Callington Market. Chyvarhas became available during the last week in April; Pengover during the first week in May. The transfer of the 57 residents remaining at Lamellion Hospital, Liskeard was therefore carried out in several stages but was completed smoothly and satisfactorily by the middle of May. 39 beds were thus available in the new Homes to accommodate elderly persons from various parts of the County who were in urgent need of care and attention, and the Homes were soon fully occupied. As an experiment, however, it was decided to reserve two single bedrooms in each Home for short-stay residents and these have been of great value in meeting the growing demand for such accommodation.

It is very gratifying to report that the process of closing the former Public Assistance Institutions — as far as Part III Accommodation is concerned — which began with the opening of St. Michael's Home, Penzance and the closure of Mount View, Madron in 1950, has now been completed after 20 years with the closure of Lamellion Hospital. Our next target will be the eventual closure of some of the earlier adapted premises, where the accommodation is not up to modern standards, and their replacement by purpose-built Homes.

The new Homes at Trengrouse Way, Helston and Longstone, Carbis Bay are now under construction and are expected to be ready for occupation in the Autumn of 1971. It is proposed to use the new Home at Carbis Bay specifically for psycho-geriatric residents as experience has proved that The Green, Redruth is now unable to accommodate all the patients passing through the Charles Andrews Clinic at Barncoose Hospital who have been assessed as suitable only for this special type of accommodation.

Plans for the proposed new Home at Weeth, Camborne have been approved and completed, and building is expected to commence early in 1971.

As a site for a much needed Home at Falmouth has not yet been acquired the Committee decided to give priority to another Home in Truro which will be built on a site already purchased at Redannick. The necessary approvals are expected shortly and building should commence later in 1971.

As anticipated, the increased staffing ratio in Homes for the Elderly, together with the acquisition of more senior staff where accommodation is available, has resulted in an improvement in the working conditions of residential staff. Furthermore, the Committee's appointment of a Supervisor of Homes has proved to be a great asset in the management of the Residential Services.

The number of elderly people applying for short stay accommodation in 1970 was 225 and, of these 153 were found suitable vacancies in County Council Homes. Of the remainder, almost all of them found private accommodation or withdrew their applications.

Return of Residents on 31st December, 1970.

Establishment	Men	Women	Total
COUNTY COUNCIL HOMES			
St. Michaels, Penzance	11	27	38
Carew House, Hayle	20	15	35
Headlands, Carbis Bay	7	28	35
Cliffe House, Falmouth	21	23	44
Blackwood House, Camborne	17	42	59
The Green, Redruth	7	40	47
Endsleigh, Newquay	26	—	26
Penberthy House, Newquay	10	35	45
Woodland House, St. Austell	18	30	48
Athelstan House, Bodmin	15	33	48
St. Breock, Wadebridge	13	35	48
Polvellan, Looe	8	25	33
St. Annes, Saltash	11	27	38
St. Hilary, Bude	21	10	31
Miller House, Launceston	13	35	48
The Epiphany Home, St. Agnes	23	19	42
Mountford House, Truro	11	36	47
Pengover, Liskeard	19	27	46
Chyvarhas, Callington	18	29	47
	289	516	805

VOLUNTARY HOMES IN CORNWALL

Bude Eventide Home	2	10	12
Caprera, St. Austell	7	19	26
Liskeard Eventide Home	—	11	11
Perran-Bay, Perranporth	8	27	35
Rosewin Home, Truro	—	19	19
Langholme, Falmouth	2	—	2

	Men	Women	Total
OUT COUNTY VOLUNTARY HOMES	7	7	14
BLIND HOMES	4	35	39
EPILEPTIC COLONIES	2	3	5
SPECIAL HOMES FOR THE HANDICAPPED	16	24	40
HOMES PROVIDED BY OTHER AUTHORITIES	8	7	15
TOTAL VOLUNTARY HOMES	56	162	218
TOTAL	345	678	1,023
Less Chargeable to other authorities	6	12	18
TOTAL	339	666	1,005

Age groups of persons in Residential Accommodation in the County on 31st December, 1970:

Age Group	Males	Females	Total
Under 30	5	1	6
30-49	4	14	18
50-64	24	41	65
Total Under 65 years	33	56	89
65-74	68	102	170
75-84	159	288	447
85 and over	73	229	302
Total Over 65 years	300	619	919
TOTAL All Ages	333	675	1,008

Major Disabilities:

1. Persons under 65 years of age	Total
Blind	6
Deaf	3
Epileptic	5
Physically Handicapped	38
Mentally Handicapped and Mentally Ill	18
Others	19
Total	89

2. Persons 65 years and over	Total
Blind	110
Deaf	41
Epileptic	11
Mentally Handicapped	151
Others	606
<hr/>	
Total	919
<hr/>	

2. Private and Voluntary Homes registered with the County Council, under Section 37 of the National Assistance Act, 1948.

At 31st December, 1970 the numbers were:

	Voluntary	Private	Total
No. of Homes	9	38	47
No. of Residents	252	341	593

3. Special Housing for Old People

The Sheltered Housing Scheme continues to expand although the rate of increase appears to be slackening. Greatly improved Housing Standards for Accommodation specially designed for Old People were laid down by the Ministry of Housing and Local Government in Circular 82 of 1969 and these became mandatory after 31st October, 1970. It is gratifying to note that many of the improvements listed are already being incorporated in Sheltered Housing Schemes begun before that date. Local Housing Authorities are being advised, however, that the County Council will insist on the requirements of the Circular being fully implemented in respect of any such Schemes begun after that date as a condition of the County Council Grant being paid.

The following list of District Councils and Voluntary Bodies shows the number of Units approved by the Council:

Housing Authority	No. of Units
West Penwith R.D.C.	225
Penzance Borough	24
St. Ives Borough	71
West Cornwall Housing Association	17
Abbeyfield (St. Ives) Society	8
St. Ives Matthews Trust	10
St. Just U.D.C.	18

Housing Authority	No. of Units
Camborne-Redruth U.D.C.	68
Kerrier R.D.C.	75
Abbeyfield (Redruth) Society	6
Truro City	235
Truro R.D.C.	252
Falmouth Borough	18
Penryn Borough	11
Abbeyfield (Falmouth) Society	13
Earles Retreat, Falmouth	28
Truro Municipal Charities	8
Abbeyfield (Truro) Society	6
St. Austell with Fowey Borough	137
St. Austel R.D.C.	107
Newquay U.D.C.	83
Wadebridge and Padstow R.D.C.	117
Launceston Borough	45
Launceston R.D.C.	46
Camelford R.D.C.	30
Bude-Stratton U.D.C.	19
Liskeard Borough	108
Saltash Borough	72
Torpoint U.D.C.	37
Liskeard R.D.C.	70
Henry Poad Trustees (Menheniot)	12
	<hr/>
	1,976

The total of 1,976 approved units is an increase over the previous years
viz:

1967	...	1,253
1968	...	1,451
1969	...	1,733
1970	...	1,976

4. Meals on Wheels

A further six centres opened during 1970 at Dobwalls, Bude, St. Blazey, Carnon Downs. Part of Launceston Rural and Wadebridge/Padstow.

The total number of meals served again rose from 41,706 in 1969 to 55,541 in 1970.

During the week ended 8th November, 1970, 597 people were served with 1,194 meals. This compares very favourably with 408 people being served with 805 meals in the same week in 1969. The growth of the service may be further emphasised by the following:

	1969	1970
No. of Meals / 1,000 population over 65	14.0	19.6
No. of Persons served / 1,000 population over 65	6.7	9.8

5. **Chiropody** continues to be provided in the Council's Residential Homes on the basis of one or two sessions per month; although Cliffe House, Falmouth, was without a Chiropodist for most of the year. This has however resolved itself (early 1971) and a qualified chiropodist has now been appointed. During the year 817 people received 4,405 treatments.

Old People's Welfare Committees continue to receive grants from the Council where the service of a qualified Chiropodist is provided. During the year 590 people received 2,328 treatments.

6. **Old People's Clubs**

Of a total of 77 Old People's Clubs, 47 are run by the W.R.V.S.; 9 are run by the British Red Cross, and the remainder are run by the various Old People Welfare Committees.

Temporary Accommodation and Homeless Families

The referral of Homeless Families has been no less abundant during the past year. With few exceptions, rarely have units of temporary accommodation remained vacant for longer than a few days at a time. In the main Local Councils have played a positive part in the rehousing of families from temporary accommodation but generally, in accordance with a pre-arrangement to exchange with evicted families. Undeniably, this system has merits, if only because it allows otherwise "Stateless" families some chance of permanent settlement. It does not however cater for the 'Social Class 5' group who are not readily acceptable to Local Housing Authorities. To prepare and to present for due consideration this latter section of the temporary accommodation population requires a more intensive form of rehabilitation.

At a series of Conferences held in January/February 1970 between members of the Welfare Sub-Committee and District Councils, this and all other

aspects of homelessness, were discussed. The County Council offered for acceptance the following proposals:

1. That meetings, not less frequently than monthly should take place between the officers of the district council concerned with housing and rent arrears and the Senior Mental Health and Welfare Officer for that area.
2. That district councils would accept a family from County Council temporary accommodation in exchange for a family received into temporary accommodation on eviction by the local authority.
3. That district councils would, if required, re-house families at present in County Council temporary accommodation at the rate of 2 per 1,000 houses per year owned by the authority.

The County Council felt that no distinction should be drawn on the grounds that a family had or had not been resident in a particular area or had previously occupied council housing.

4. That district councils should be prepared to offer for renting by the County Council for use as temporary accommodation by families requiring rehabilitation, older type houses from their stock.

The response of the District Councils was heartening and many of the 27 Council involved reported that, where geographically practicable, item 1 was, in fact, already an established practice. Item 2, although practised by some Councils, was not acclaimed with the same enthusiasm.

Surprisingly perhaps, the reaction to item 3 was quite good and some 11 Councils have agreed, in principle, to the rehousing of families from temporary accommodation at the rate of 2 per 1,000 houses owned by them, per annum.

The proposal that older type houses of the Local Councils be made available for renting was not widely accepted and, in retrospect, perhaps this is as well, for the rehabilitation of families does not lend itself to a sub-standard environment.

Already 3 Local Councils have made a contribution towards proposal 3 by absorbing into the community families from Temporary Accommodation and, the re-education of other likely families in temporary accommodation remains a constant feature in the rehabilitation programme.

Whilst it seems that homelessness will remain a problem within the community for many years to come, it does not necessarily follow that the handling and disposal of such cases need to be as traumatic as hitherto if we continue to receive the support outlined above. The County Council's long term objective in these circumstances would clearly seem to be the running down of units of temporary accommodation to a manageable proportion, preferably with equal distribution within the 5 local areas of the welfare field staff.

Holidays for children from families with special difficulties

This scheme started in 1966 and is of incalculable benefit to the children concerned. Holidays, normally of one week's duration, are arranged during the school summer holiday period, but many foster-parents maintain contact with the children during the year at Christmas and birthdays, etc. Names of suitable foster-parents are submitted by Social Workers, the W.R.V.S. and Health Visitors, and the majority of the children are members of families supported by Family Welfare Workers. Many families take these children year after year, but I am always on the look out for new names and addresses of suitable foster homes.

62 children were given a holiday in 1970, compared with 63 in 1969. Knowing the difficult families from which these children come, it is surprising how well these holidays work out and how few complaints are made.

A subsistence allowance of £3 per week is offered to all foster-parents, and the cost is met entirely from voluntary contributions. Many Rotary Clubs, private individuals and other organisations regularly contribute towards this worthwhile cause.

Handicapped Persons

Throughout the year, we have been faced with an increasing demand for adaptations to homes and the loan of equipment as aids to daily living, especially since the passing of the Chronically Sick and Disabled Persons Act in May 1970. This legislation provides a new deal for all categories of handicapped people, placing additional responsibilities on the County Council without as yet additional grants from Central Government to finance them. The Welfare Sub-Committee has considered fully this Act, and will do all it can to help and alleviate the many problems of handicapped people and their families. However, this help is based on medical need and the financial resources of the family. There is no fixed assessment scale, as every case is considered on its merits.

The County Council has no home as yet for physically handicapped people, and temporary care has been arranged at the Cheshire Homes at Marazion and Plymouth and at the Homes run by the Plymouth and District Disabled Fellowship. These holidays give a welcome change to the patients and allows the families to have some respite. I am very grateful to the staff of these homes for all their co-operation.

The Domiciliary Occupational Therapy Service is staffed with two full-time and two part time Occupational Therapists. Ideally we should have one Officer in each of our five social work areas, and we hope to appoint an additional

Occupational Therapist during the financial year 1971/72. Two of the Occupational Therapists started a small Work Therapy Group in August. This group meets one afternoon a week in the hostel for the mentally handicapped in Redruth, and so far 12 patients have been involved. Transport is provided by the Hospital Car and the Ambulance Services. Work is provided by the nearby Industrial Unit, and a small incentive payment is made. This small group is fulfilling a need, even if in a small way, and when we have more Occupational Therapists we would like to expand this scheme.

The Cornwall Association for the Care of the Disabled is a very active body. The office staff act as agents for the County Council by maintaining records of visits, ordering raw materials for the Occupational Therapists and selling the finished craftwork. Seven social clubs meet once a month throughout the County, and many voluntary helpers and drivers regularly give of their time and energy to enable the homebound to have a much needed outing. The County Council makes a grant to the Association towards the cost of these services.

The Association organises two holiday schemes a year — one week at a Falmouth hotel and one week at a holiday camp. The camp in Devon is able to cater for the more severely handicapped wheelchair cases, and many people look forward to their holiday as the highlight of their year. The people contribute as they are able, and the balance of the cost is met by the Association and the County Council. In the Report for 1969 we stated that the Association was building a Workshop for the Disabled in Truro. This opened in October 1970, and has made a good start.

I give below details of the register of physically handicapped people at the 31st December:

Classification		Males			Females		
		16- 29	30- 49	Over 50	16- 29	30- 49	Over 50
A/E (1)	Amputation	2	6	69	—	5	18
F (2)	Arthritis and rheumatism	2	9	101	2	8	334
G (3)	Congenital Malformations and deformities	3	4	7	7	2	11
H/L (4)	Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin	8	9	96	5	10	45
Q/T (5)	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine	5	16	67	2	16	80
V (6)	Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica etc.	17	50	181	14	51	207
U/W (7)	Neuroses, psychoses and other nervous and mental disorders not included in V(6)	1	1	8	1	—	4
X (8)	Tuberculosis	—	4	9	—	—	1
Y (9)	Tuberculosis (non-respiratory)	1	—	3	1	—	3
Z (10)	Diseases and injuries not specified above	1	1	22	2	1	36
TOTAL		40	100	563	34	93	739
		703			866		

BLIND AND PARTIALLY SIGHTED PERSONS

The total number of blind persons on the register at 31st December, 1970 was 966.

New admissions during the year	116
Transfers of registered blind people from other areas	14
Deaths	123
Transfers of registered blind people to other areas	16
Decertifications due to improved visual acuity	2

Home Teaching and Social Work Service

The Staff at 31st December, 1970 consisted of six qualified Social Welfare Officers for the Blind.

Register of Blind Persons

Age Group	Males	Females	Total
0	—	—	—
1	—	—	—
2	—	—	—
3	1	1	2
4	1	—	1
5-10	3	4	7
11-15	2	2	4
16-20	6	2	8
21-29	9	4	13
30-39	14	13	27
40-49	21	21	42
50-59	44	33	77
60-64	24	39	63
65-69	41	52	93
70-74	42	67	109
75-79	44	103	147
80-84	36	103	139
85-89	31	109	140
90 and over	20	74	94
	339	627	966

The Total number of partially-sighted persons on the register at 31st December, 1970, was 266.

New admission during the year	55
Transfers into the County from other areas	7
Deaths	35
Transfers to the Blind Register and Decertifications due to improved visual acuity	16
Transfers out of the County to other areas	4

Register of Partially-Sighting Persons

Age Group	Males	Females	Total
0	—	—	—
1	—	—	—
2	—	—	—
3	—	—	—
4	2	—	2
5-10	5	4	9
11-15	4	5	9
16-20	3	1	4
21-29	6	5	11
30-39	5	6	11
40-49	7	9	16
50-59	5	10	15
60-64	6	9	15
65-69	5	11	16
70-74	5	17	22
75-79	24	27	51
80-84	9	32	41
85-89	6	25	31
90 and Over	2	11	13
	94	172	266

Of the new admissions to the Blind Register, 19 were below the age of 65, and 97 were over that age. Of the new admissions to the Partially-Sighted Register, 17 were below the age of 65 and 38 were above that age.

Training and Employment of Blind Persons, aged 16 and upwards

	Males	Females	Total
Undergoing training			
(i) for sheltered employment	1	—	1
(ii) for open employment	2	—	2
	3	—	3

	Males	Females	Total
Employed under sheltered conditions:			
(i) in Workshops for the Blind	4	—	4
(ii) in Home Workers' Schemes	8	—	8
Employed under ordinary conditions	20	5	25
	<hr/> 32	<hr/> 5	<hr/> 37

Of those employed in Workshops for the Blind, one is a machine tool operator, one is a basket maker, one is a production process worker, and one is a mat maker. The Home Workers' Scheme consists of one music teacher, one braille copyist, two basket makers, one chair seater, and three piano tuners. In open employment there are four masseurs, one music teacher, one industrial executive, one writer and one architect, two typists, two telephone operators, one salesman, three farmers, two engaged in animal husbandry and poultry keeping, three machine tool operators, one inspector, one piano tuner, one miscellaneous worker in local authority employment and one packer.

During the year handicraft classes for the blind and partially-sighted have been held in ten different centres throughout the county. There are two social centres. Six blind ex-servicemen enjoy the privileges and benefits of St. Dunstons.

WELFARE OF THE DEAF

Welfare Services for the Deaf can be divided into three main fields.

- (a) Assisting the deaf to make full use of the Services provided by the government and local authorities for example: National Health Service, Department of Employment and Productivity, Social Security, Rent Rebate Schemes, etc.
- (b) Providing special services where deaf people are unable to make use of normal facilities, i.e. Religious Services and Social Activities.
- (c) Acting as Advisor and Counsellor to deaf people with personal problems.

During 1970, numerous visits were made to the homes of deaf people. Assistance was given with such problems as:

- (a) Employment
- (b) Housing Accommodation
- (c) Domestic problems
- (d) Legal difficulties
- (e) Interpretation in Hospitals, Surgeries, Law Courts, Employment and Tax Departments, Opticians and other services.

During the year. Religious Services, undenominational in character, and

Social Club gatherings have been held.

A Social Club is also in being at Falmouth, but regretably the Social Club at Camborne ceased during the year.

Outings and parties have been arranged during the year, and our thanks are due to the Cornwall Association for the Deaf and Dumb for their financial aid. A very successful dinner for the deaf was held at Christmas.

Television sets, T.V. licences, baby alarms, visual door bells, assistance with clothing, rent arrears, purchase and repairs of hearing aids has been given to various deaf people.

Efforts to form Hard of Hearing Clubs have met with no success at all.

One specialist welfare officer cannot possibly cover the whole area of Cornwall. As an inevitable result, the deaf living in isolation cannot be visited as regularly as is necessary until such time as the staff can be increased, and more attention paid to the eastern part of the County.

The numbers on the register at the end of the year were:

Deaf with Speech	34
Deaf without Speech	97
Hard of Hearing	114

FOOD AND DRUG ADMINISTRATION

Report of Chief Inspector under the Food and Drugs Act, 1955

The County Council is the food and drugs authority for the whole County. The protection given to the public by this Act and the numerous regulations made thereunder represents the only legal safeguard which the public have in respect of the purity, quality, composition, labelling and advertising of food and drugs.

Expenditure on food represents a substantial part of every household budget, hence the need for protection from adulteration or the sale of inferior products or the contamination of food by harmful ingredients. In practice this is achieved by:

- (a) The selective sampling of articles of food and medicines offered for sale on retail premises and food ingredients which are used in the manufacture of food.

- (b) The examination of labels to ensure that goods are labelled in accordance with the detailed statutory requirements.
- (c) The examination of labels and advertisements to detect false claims as to the properties of particular foods or medicines.

It is possible to combine work under this heading with other consumer protection work and to deal with the description of products controlled by several Acts and Regulations together, thereby reducing enforcement costs and avoiding unnecessary hindrance to traders and manufacturers.

Sampling and Analysis

540 samples were analysed by the Public Analyst and 2,288 other samples were tested locally in the department's laboratory. 86 samples were subject of adverse comment mainly in respect of an incorrect description or the listing of ingredients.

The list below indicates the numbers and groups of articles analysed by the Public Analyst during the year:

	Satisfactory	Adversely Reported
Milk	1,561	15
Milk Products	342	4
Meat and Fish products	384	20
Flour Confectionery	44	19
Sugar Confectionery	42	6
Fruit and Vegetable Products	78	7
Edible Fats	24	6
Intoxicating Liquor	53	2
Soft Drinks	91	2
Drugs	29	1
Miscellaneous	94	4
	<hr/> 2,742	<hr/> 86

Individual Complaints and Enquiries

Complaints and enquiries from the public have increased again during the year suggesting that the public have more to complain about but an alternative and more probable reason is that the public are now more aware of the existence of the department.

148 complaints or enquiries from the public were dealt with during the year, many were not justified but the complainant was often satisfied to learn that his suspicion about some item of food was unfounded. Several instances of

tinned meat containing black stains were investigated. In all cases the discolouration was reported as harmless by the Public Analyst. A green stain on the inside of a Cornish pasty was found to be edible dye from the Public Health Inspector's stamp and black spots inside a Cornish pasty were found to be nothing more than seasoning.

On the other hand two complaints of Cornish pasties found to contain cigarette ends resulted in the manufacturers being prosecuted. Equally serious was the complaint concerning a piece of wire which lodged in the throat of the consumer of a pasty at a public house resulting in his having an operation for the removal of the wire. In this case the complainant did not wish to give evidence. The problem of mould in food which is naturally a seasonable one continued to give concern both locally and nationally. Items mostly affected were meat products and it is significant that in no instance was the sale from a butchers shop but usually from retail premises selling a whole variety of foodstuffs where the Owner failed to realise that perishable meat products require regular stock rotation and examination and cannot be treated like non-perishable products.

A visitor who had a stomach ulcer was most particular to enquire from a shop assistant whether the cooked beetroot which he was buying contained acetic acid. The assistant assured him that it did not but later on, when the man started to eat the beetroot, he was certain that it had an acid content. He wrote an angry letter of complaint to the department and on investigation it was learned that acetic acid had been added by the packers as a preservative but the fact was not declared on the label. Within present law there is no obligation for the packer to declare this fact but he has agreed to do so in future. The shop assistant was warned of the danger of making such statements when she is uncertain of the facts.

Residues in Food

The routine screening of food for residues of various sorts now forms an essential part of the sampling programme. Results given below show that whilst metallic residues were found in almost all foods tested in no case was the amount excessive. Nevertheless, the continued screening of these foods is considered well worthwhile.

Raw Liver:	43 samples of raw liver were analysed to determine the presence of copper, lead and arsenic. All samples contained traces of copper and lead, the maximum reported in any one sample being 40.0 parts per million and 3.0 parts per million respectively. Arsenic was not detected in any sample.
Fish:	Mercury was found to be present in six samples of canned Tuna fish, the maximum in any sample being 0.47 parts per million.

Similar traces of mercury were also found in raw fish on sale locally, a sample of Dab headed the list and contained 0.42 parts per million.

General Foods: 20 samples of a variety of food were tested for contamination by pesticide residues but all tests proved negative.

Milk Sampling

Quality control: Samples of milk were obtained from retail premises, on delivery from farms to the dairies and at farms where collection is by bulk tanker. A small number of samples were found to be substandard but in every case the fault was due to natural causes and no case of adulterated milk was reported. The average fat and solids-not-fat content of all samples analysed was well in excess of the minimum standards.

Bacteriological control: Samples of milk were taken at retail premises under Milk (Special Designation) Regulations for bacteriological testing usually on the same occasion as the check for quality control.

Milk sampling officers appointed under the Brucellosis Eradication Scheme attended at farms to sample raw milk destined for sale to the consumer untreated. The results of sampling under this heading are reported by the County Medical Officer.

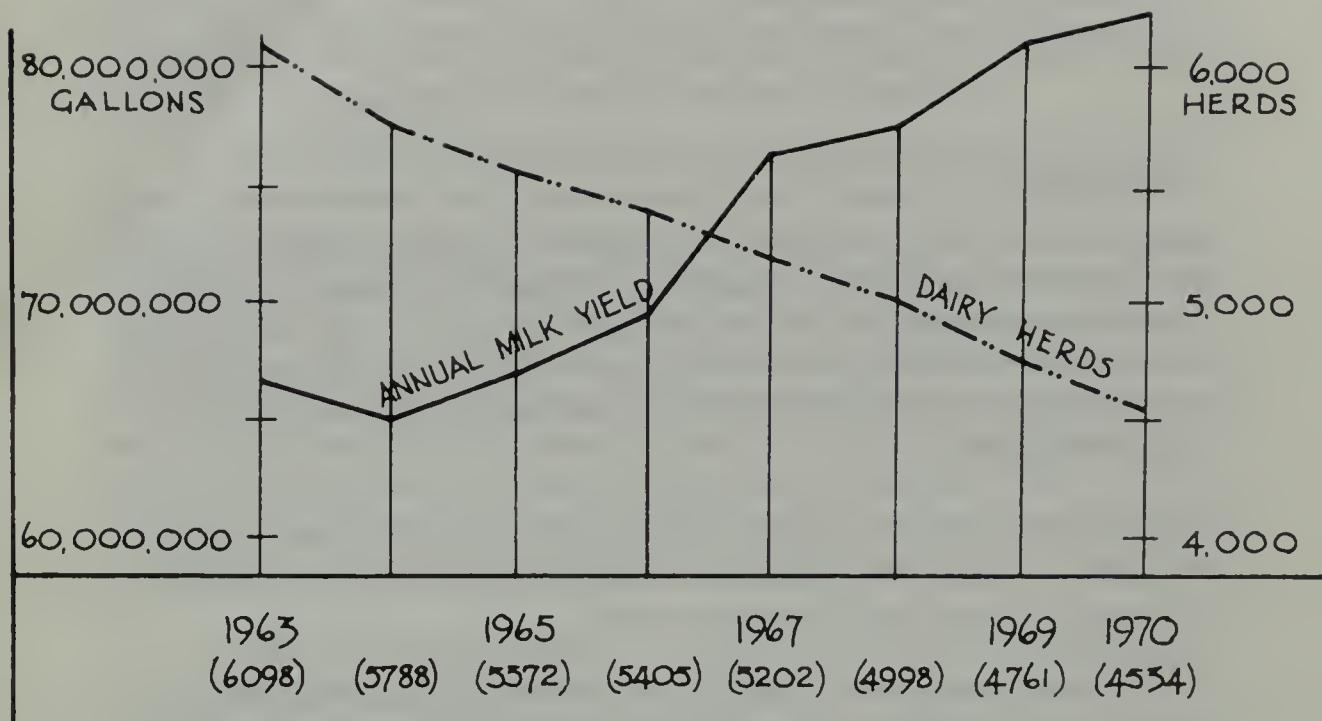
SANITARY CIRCUMSTANCES

Report of the County Public Health Officer

MILK AND DAIRIES ADMINISTRATION

General

The steady decline in the number of dairy farms in Cornwall that has been taking place in recent years continued during 1970; the total at the end of the year being 227 fewer than in 1969. A significant feature of this trend is that although the number of farms has fallen the total milk yield during the same period has substantially increased. These patterns are demonstrated graphically below, but summarised the overall effect over the past eight years is that 22% more milk has been produced from 25% fewer dairy farms.



Of the total gallonage of milk produced during 1970, about 15 million gallons was pasteurised or sterilised, and bottled for retail distribution in Cornwall and Plymouth, whilst the remainder was either processed into butter, cheese, cream or dried milk, or “exported” to provide the daily “pinta” elsewhere in England.

The County Council licence milk dealers who pasteurise or sterilise milk, and all milk distributors other than producer-retailers. It is the Council’s responsibility to make sure that the milk processing, handling, storage and distribution arrangements of all persons licensed by them comply with the requirements of the Milk and Dairies Regulations.

All milk licences expired at the end of the year, and whether or not they will be renewed for a further five year period will depend on the County Public Health Officer’s report on the milk distribution and handling arrangements at each of the dairy premises concerned.

The hygienic quality of every grade of milk is checked by the Public Health Laboratory at Truro. The Director, Dr. Barrow, has reported on all samples taken during 1970 as follows:

Grade of Milk	No. of samples	Phosphatase Test		Methylene Blue test		Turbidity Test		Colony Count test		Percentage of failures
		P	F	P	F	P	F	P	F	
Pasteurised	745	745	—	719	26	—	—	—	—	3.5%
Sterilised	87	—	—	—	—	87	—	—	—	Nil
Untreated	45	—	—	31	14	—	—	—	—	31.0%
Ultra Heat Treated	4	—	—	—	—	—	—	4	—	Nil

P = Passed

F = Failed

Phosphatase Test	—	indicates whether milk has been properly pasteurised
Turbidity Test	—	indicates whether milk has been properly sterilised
Methylene Blue	—	indicates keeping quality
Colony Count	—	the number of bacteria in milk: used for U.H.T. milk only.

Statistics may sometimes confuse or at times even mislead, but there is nothing misleading about the figures given in the "Percentage of Failures" column of the above table. These demonstrate in no uncertain manner the excellent keeping quality of pasteurised milk when it is processed in a hygienic manner in a modern dairy. They also indicate the extremely poor keeping quality of Untreated milk.

Seven dairies in Cornwall are licensed to pasteurise milk and the average daily quantity treated in this manner at these premises totals 40,420 gallons. A relatively small quantity of milk, 1,000 gallons per day, is sterilised at one dairy. Every stage of milk processing is regularly and carefully checked by the County Public Health Officer, but full credit must be given to dairy managements for the efforts they make to ensure that every single bottle of milk is produced under ideal hygienic conditions. During 1970, major improvement schemes, estimated to cost £60,000 were completed or put in hand at two pasteurising creameries. These improvements include replacement of refrigeration plant and renewal of pasteurising, bottling and bottle washing equipment.

Antibiotics

During the year 6,437 samples of milk were examined for the presence of antibiotics, and of these 3 were reported as exceeding the maximum permissible limit recommended by the Ministry of Agriculture, Fisheries and Food. Warning letters were sent to the dairy farmers concerned. Bearing in mind the extensive use of antibiotics in the control of mastitis in the udders of dairy cows, these results must be considered most satisfactory.

Brucellosis

Brucellosis is a disease contracted by man either through contact with infected animals or from drinking raw milk taken from dairy herds containing diseased cows or goats. In an effort to eradicate this disease the Ministry of Agriculture, Fisheries and Food, in 1967, introduced the Brucellosis (Accredited Herds) Scheme. By the end of the year 393 dairy herds in Cornwall had been registered under the Scheme, of which 67 belonged to producer/retailers.

The County Council have a responsibility to see that milk from known infected animals is not sold for human consumption, and for this purpose it is the routine practice for milk samples to be taken from the dairy herds of producer/retailers at approximately six-weekly intervals. During 1970, 194 dairy herds were investigated in this manner and of these 11 were found to contain a total of 17 cows infected with brucellosis. When samples show any cow or cows to be diseased a ban is imposed on the sale of Untreated milk from the whole herd until the District Medical Officer is satisfied that the infected animals have been removed and the remaining cattle are free from infection.

The hospital authorities reported five human cases of brucellosis during the year, all of whom had either been in contact with infected cattle or had drunk milk from diseased cows.

SCHOOLS

School Canteens and Central Kitchens

The School Meals Service supply more cooked meals per day than any other single catering organisation in Cornwall. If such a business is to operate successfully not only must the highest possible standards of hygiene be observed, but the premises and equipment must also be maintained in first class condition. The County Public Health Officers who inspect the kitchens and examine food stocks have reported on the excellent standards of hygiene, and the staff should be complimented on this achievement.

Maintaining kitchen premises and equipment can be expensive, and during 1970 the Education Department spent £107,900 on this service. Of this total £43,900 was spent on four new kitchens, £19,000 on improvements and redecorations, and £45,000 on additional and replacement equipment and maintenance.

Milk and Water Supplies in Schools

Every child in Primary and Junior Schools is entitled to 1/3rd pint of milk per day, and in Cornwall only Pasteurised milk is approved for this purpose. The cost of the milk consumed during 1970 amounted to £73,000.

Laboratory checks are made on the bacteriological quality of the milk supplied to schools, and it is a reflection of the high standard of production and processing in this County that every sample examined during the year was satisfactory.

Routine bacteriological examinations are made of school water supplies and for the first time since this testing service began more than 30 years ago every sample examined during the year proved satisfactory. Only two schools in the County, St. Wenn and Trewidland, do not have a piped supply from public mains, but work on a scheme to bring a water supply to St. Wenn village will commence in 1971 and the school should be able to connect to the system during the following year.

Swimming Pools

During the year 8,000 gallon portable type pools were completed at Gorran C.P., Gerrans C.P., Polperro C.P., and St. Merryn C.P., bringing the total number in maintained schools to 38. Children in 68 other schools shared these facilities, whilst pupils in a further 86 used private or public baths or local bathing beaches.

This has been the first full year in which the County Public Health Department has operated a pool maintenance service. The scheme ensures that all equipment, particularly filtration and chlorinating plant, is protected against winter damage and put into working order before the commencement of the swimming season. During the summer months officers of the department are available to advise on water treatment and pool operating problems.

Experimental field studies have been undertaken at a few selected pools to look into financial and public health advantages of water sterilization using a chemical combination of chlorine in crystal form. The pilot scheme did not achieve the reduction in chemical costs that were anticipated, but the process does have the advantage of being simple to operate and eliminates the need for capital expenditure on chlorinating plant. It is a satisfactory method of water sterilization for pools that do not carry a heavy bathing load, and with the co-operation of Head Teachers it is intended to continue the experimental work during the coming year.

Foot Inspection

The School Nurses have examined the feet of 10,092 children in 151 schools, and identified 55 cases of verruca and 39 of athlete's foot (the corresponding totals for 1969 were 118 and 22). Pupils suffering from either of these infective skin conditions are excluded from barefoot activities at school, and are advised to consult the family doctor. Follow-up visits to the children's homes are made by

the School Nurses to check that pupils are receiving treatment.

By identifying the condition and making both children and parents aware of the symptoms the School Nurses provide a valuable service in limiting the spread of these unpleasant and painful foot infections.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The Rural Water Supplies and Sewerage Acts require the County Council and the Department of the Environment to contribute towards the cost of certain schemes carried out in rural localities. In practice, the grant paid by the County Council is equal to that made by the Department. The County Council also gives financial assistance under Section 56 of the Local Government Act, 1958, towards sewerage schemes carried out by any District Council whose net sewerage rate exceeds 7½p in the £. The total sum paid by the County Council during 1970 amounted to £182,467. The cumulative financial effect of this grant policy is demonstrated diagrammatically on page 111.

During 1970 the County Council approved 19 schemes of water supply totalling £134,986 and 26 schemes of sewerage and sewage disposal at a total estimated cost of £3,469,321.

WATER SUPPLIES

Water supply and distribution in this County is undertaken by five Water Boards who between them supplied on average 20,453,000 gallons of water per day; an increase of approximately 4% over the previous year. This is the first time the average water consumption in Cornwall has exceeded 20 million gallons per day.

Normal water treatment involves the use of a wide variety of chemicals particularly when the water is drawn from rivers that are themselves the recipient of many different effluents, but it is the addition of chemicals to raise the level of fluoride that attracts the strongest public reaction. Cornish waters are particularly deficient in fluoride the average concentration being about one tenth of the one part per million recommended as the ideal level by the Department of Health. In an effort to overcome this deficiency and improve dental health the County Council in 1969 approved a policy of fluoridating public water supplies. Since that date the North and Mid-Cornwall Water Board has agreed to carry out fluoridation as part of the water treatment process and it is anticipated that the first phase of the Board's programme will be in operation by the end of 1971.

A brief description of each water undertaking in the County together with a list of major improvements carried out during 1970 is given below:

West Cornwall Water Board

Area of supply:	Boroughs of Penzance and St. Ives, Urban District of St. Just: and West Penwith Rural District excluding the Parish of Gwinear-Gwithian.		
Statutory area:	106.03 square miles		
Population:	47,357		
Estimated numbers of population supplied:	In houses:	46,150	
	By standpipe:	1,000	
Water consumption:	Maximum:	3,466,000 gallons per day (1969: 3,418,000)	
	Average:	2,684,000 gallons per day (1969: 2,695,000)	
	Minimum:	2,124,000 gallons per day (1969: 2,393,000)	
Number of new connections to mains	569 (424)		

The Board has nine sources of water supply comprising two impounding reservoirs, a stream and mine adits. Water from the four principal sources is fully treated by chemical coagulation, pressure filtration, chlorination, and the addition of lime to correct acidity. Water from four of the minor sources is chlorinated and pH adjusted, and one minor supply chlorinated only.

Main extensions carried out during the year brought piped water for the first time to 58 properties in the rural areas of St. Just, Ludgvan and Newmill.

South Cornwall Water Board

Area of Supply:	City of Truro: Boroughs of Falmouth, Helston, and Penryn; Urban District of Camborne-Redruth; Rural Districts of Kerrier and Truro excluding the Parish of Newlyn; and the Parish of Gwinear-Gwithian in West Penwith Rural District.
Statutory Area:	390 square miles
Population	138,000 (1969: 137,000)
Water consumption:	Maximum: 9,246,000 gallons per day (1969: 8,007,537)
	Average: 7,700,000 gallons per day (1969: 7,179,051)
	Minimum: 6,340,000 gallons per day (1969: 6,733,930)
Number of new connections to mains:	1,500

The Board has 19 sources of supply comprising six impounding reservoirs, 11 river or stream intakes, and two mine adits. Of the total quantity of water supplied, 96.5% is fully treated, 3.49% chlorinated only, and 0.01% untreated. The unchlorinated source of supply will be abandoned about April, 1971.

Major improvement schemes completed or in progress during the year include:

- (a) Increasing the capacity of the Stithians treatment works from 2.9 million gallons per day to 6.5 million gallons per day.
- (b) Remodelling the Ladock Treatment Works
- (c) Providing Nancegollan Village with fully treated mains water to replace the local unchlorinated source of supply.
- (d) Construction of a 500,000 gallon service reservoir at Goonhilly Downs to improve supplies in the Lizard Peninsula.

North and Mid-Cornwall Water Board

Area of Supply:	Boroughs of Bodmin, St. Austell-with-Fowey; Urban District of Newquay; Rural Districts of Camelford, St. Austell, and Wadebridge and Padstow; and the Parish of Newlyn East in Truro Rural District.
Statutory Area:	419 square miles
Population:	100,870 (1969: 100,400)
Water Consumption:	Maximum: 8,150,000 gallons per day (1969: 8,050,000) Average: 6,270,000 gallons per day (1969: 6,280,000) Minimum: 5,460,000 gallons per day (1969: 5,300,000)
No. of new connections to mains:	930

The Board's water sources consist of four river intakes, one of which is augmented by an impounding reservoir at Porth: two mine shafts: five bore holes, and 14 supplies from springs and mine adits of which six are used to meet peak demands only. Approximately 88% of the water is fully treated, 11% is chlorinated only and 1% untreated.

Major improvement schemes in progress or completed during the year include:

- (a) Commencement of a £368,000 contract for the construction of an impounding reservoir at Crowdy Marsh: when completed in 1972, this reservoir will increase the water supply available in the area by about one million gallons per day. At a later stage the Lowermoor Treatment Works will be reconstructed to deal with the additional water obtained from the impounding reservoir.
- (b) Installation of approximately 1,400 metres of 21" raw water main between the Crowdy intake and the Lowermoor Treatment Works. This main is designed to form part of the Crowdy Marsh impounding reservoir and treatment works scheme.

- (c) Completion of a 3,200 metre section of 12" trunk main from Helland to augment water supplies within Bodmin Borough.
- (d) Installation of a booster on the De Lank Trunk Main to augment water supplies in Padstow and the Wadebridge coastal area.
- (e) Provision of new sludge treatment tanks at the Restormel Treatment works.

In addition to the foregoing contracts, approximately 25 miles of mains up to 8" diameter were laid as new estate mains, rural extensions, or reinforcements for existing systems. As a result of rural extensions to Trebudannon, Seaview, Lanhydrock, St. Michael Caerhayes, East Portholland, Pengrugla, Helland Bridge and Fiddler's Green mains water has been made available for the first time to some 150 dwellings.

East Cornwall Water Board

Area of Supply:	Boroughs of Liskeard, Launceston, and Saltash; Urban Districts of Looe, and Torpoint; and Rural Districts of Liskeard, St. Germans and Launceston excluding the Parish of Boyton.
Statutory Area:	367 square miles
Population:	63,960 (1969: 63,350)
Estimated number of population supplied:	55,000
Water Consumption:	Maximum: 3,614,000 gallons per day (1969: 3,428,000) Average: 3,110,000 gallons per day (1969: 2,875,000) Minimum: 2,732,000 gallons per day (1969: 2,642,000)
Number of new connections to mains:	863

The Board's water sources comprise one river regulating reservoir, three boreholes: two springs; two river or stream intakes; two mine adits; and bulk supplies of 487,000 gallons per day and 9,000 gallons per day from Plymouth City and North Devon Water Board respectively. Approximately 88% of all water supplied is fully treated and the remainder chlorinated only.

Major improvement schemes completed or in progress at the end of the year include:

- (a) Work substantially completed on a new treatment works at Bastreet designed to raise the maximum output from one to two million gallons per day.

- (b) Completion of the Menheniot – Antony – Millbrook Trunk Main. This scheme included about 12 miles of 12", 8" and 6" diameter pipe to augment water supplies in Torpoint and the south-eastern part of Cornwall.
- (c) The installation of 2½ miles of 8" diameter trunk main to improve water supplies generally in the Calstock area and also enable existing unsatisfactory local adit water sources to be abandoned.
- (d) Commencement of work on a 1½ million gallon reservoir at Kit Hill.

In addition to the foregoing, approximately 10½ miles of 6" to 3" diameter main was laid either to serve new housing estates, as extensions to isolated rural areas, or as replacement of existing unsatisfactory or inadequate distribution mains.

North Devon Water Board

Area of Supply in Cornwall:	Bude-Stratton Urban District, Stratton Rural District and the Parish of Boyton within Launceston Rural District
Water Consumption:	Average 699,000 gallons per day (1969: 699,000)
Source of Supply:	Water is obtained from river intakes at Prewley and Belstone in Devon, and from the Tamar Lake impounding reservoir in Cornwall. All water supplied by the Board is fully treated.

During the year the Board installed new chlorinating equipment at the Ven Treatment Works, and extended a main to the Bush area of Stratton Rural District to supply piped water for the first time to 63 properties.

Future Proposals

The following proposed water main extensions to rural areas were submitted for the County Council's observations and approval during 1970:

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
West Cornwall Water Board	West Penwith R.D. Brew Road, Sennen; Water main extensions	500	Approved
	West Penwith R.D. St. Hilary; Water main extension.	500	Approved

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
South Cornwall Water Board	Kerrier R.D. Trewillis & Treleaver, Coverack; Water main extensions	6,254	Approved , subject to conditions
	Kerrier R.D. Railway Bridge to Lower Treluswell; Water main extension.	5,701	Approved
	Camborne-Redruth U.D. Buller Hill to Higher Tretharrup; Water main extension.	11,854	Approved subject to conditions
	Truro R.D. Water main extension from Threecorners to Churchtown, St. Clements.	5,052	Approved
North and Mid- Cornwall Water Board	St. Austell R.D. Seaview, Fraddon; Water main extension	3,170	Approved
	Camelford R.D. Treligga, Water main extension.	6,454	Approved
	Truro R.D. Fiddlers Green, Water main extension.	7,501	Approved
	St. Austell with Fowey Borough Water main extension to Polkerris	2,930	Approved
	St. Austell R.D. Water main extension to Luney Barton	6,136	Approved subject to conditions
	Truro R.D. Water main extension to Gummow's Shop	5,870	Approved
	St. Austell R.D. St. Wenn Water Scheme	42,302	Approved

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
East Cornwall Water Board	Launceston R.D. Water main extension to Dutson	4,100	Approved
	Launceston R.D. Water main extension to Ockazinney	1,440	Approved
	Launceston R.D. Water main extension to Splatt & Tresmeer	5,000	Approved
	St. Germans R.D. Water main extension to Cutmere	665	Approved
	Launceston R.D. Water main extension to Lockett & Lidwell	14,800	Approved
North Devon Water Board	Stratton R.D. Headon Cross to Poulza Post; Water main extension	4,757	Approved subject to conditions
TOTAL	19 schemes	£134,986	

SEWERAGE AND SEWAGE DISPOSAL

Relaxation of government restrictions on capital expenditure encouraged local authorities to proceed with urgently needed schemes of sewerage and sewage treatment. The total estimated cost of schemes submitted for County Council approval during the year totalled £3,469,300 compared with the 1969 total of £590,900. Unfortunately the effect of inflation became apparent towards the end of the year, and some contract tenders were being received of the order of 30% above the originally estimated cost.

It is perhaps relevant to point out that the traditional method of sewage treatment has changed little over the past 50 years, apart from certain refinements in construction techniques. Processes recently introduced into this country, such as the Pasveer Oxidation Ditch, can where site condition are suitable bring about a substantial reduction in capital costs, and in future local authorities may well consider the economic advantages of such methods.

A relatively recent trend in the sewerage of rural areas in Cornwall has been the introduction of comprehensive trunk sewerage schemes linking small villages to a single large treatment plant, instead of separate works for each village or hamlet. The County Council have taken an active part in supporting these projects in areas where they can be completed at a reasonable cost.

At the beginning of this year the West Penwith Rural District Council were considering separate schemes of sewerage for Hayle and Hayle Towans, Cockwells and Whitecross, and Relubbas; they were also contemplating a possible extension to the existing St. Erth Sewage Treatment Works. The adjoining authority, Kerrier Rural District Council, were intending to provide sewerage facilities for the villages of Leedstown, Townsend and Godolphin Cross, and were also aware that within the reasonably near future they would have to consider extensions to the sewage treatment plant at Praze. All these villages were either within or in close proximity to the River Hayle catchment area, and there appeared to be a *prima facie* case for incorporating them into a single comprehensive system which could terminate in a large treatment works at Hayle. It was also possible that such a scheme could include the nearby villages of Breage, Germoe, Ashton, Praa Sands and Marazion.

Following a meeting between the technical officers of the County Council, the Department of the Environment, and Kerrier and West Penwith Rural District Councils, the County Council agreed to undertake an engineering study into the feasibility of providing a single trunk sewerage scheme for the whole area.

The study confirmed that it was feasible for a trunk sewer starting at Praze-an-Beeble to collect drainage from Crowan and Clowance, and subsequently from Leedstown, Townsend, Relubbas and St. Erth. From St. Erth the sewage would be pumped to a treatment plant near Hayle. The town of Hayle, Hayle Towans, and the Lelant area of St. Ives Borough, would be linked directly to the works. Branches from this trunk sewer would serve Godolphin Cross, Carleen, Sithney, Nancegollan, St. Hilary, Goldsithney, Canonstown, Cockwells and Whitecross, Marazion, Crowlas, Ludgvan, and if necessary Nancledra. The scheme could also serve Praa Sands, Breage, Ashton and Germoe. At a later stage it would be possible for the villages of Connor Downs, Angarrick, Gwinear, Carnhell Green, and Wall to be linked into the scheme by a separate trunk sewer leading into the Hayle system. Thus all places of significant development in this part of Cornwall would be connected into a single sewerage system. The capital cost of the project has been estimated at about £1,765,000. The feasibility study has been accepted by the County Council and it has been agreed that the Department of Environment's views should be sought on the technical and financial aspects of the project.

Schemes in progress or completed during 1970 are described briefly in Table I below, Table 2 refers to proposals submitted for County Council approval.

TABLE 1

Local Authority	Scheme	Estimated Cost £	Remarks
Launceston Borough	Borough Sewerage and Sewage Treatment Works Improvement	138,250	10% completed
Newquay Urban District	Watergate Sewerage	34,712	50% completed
Camelford Rural District	Helstone Sewerage and Sewage Treatment	10,810	95% completed
	Tresparrrett Sewerage and Sewage Treatment	2,850	Completed
	Construction of new Treatment Works at Delabole	45,000	Completed
Kerrier Rural District	Mawnan Smith and Budock Water Sewerage and Sewage Treatment	346,710	20% completed
	Stithians and Ponsanooth Sewerage and Sewage Treatment	265,000	95% completed
Launceston Rural District	North Petherwin Sewerage and Sewage Treatment	19,000	Completed
	Tregadillett Sewerage and Sewage Treatment	20,850	85% completed
	Warbstow Sewerage and Sewage Treatment	8,250	Completed
Liskeard Rural District	Henwood Sewerage and Sewage Treatment	12,000	25% completed
	Trevelmond Sewerage and Sewage Treatment	12,300	25% completed
	Polperro Sewerage and Sewage Disposal Improvement	30,000	10% completed
St. Austell Rural District	Lostwithiel Sewerage and Sewage Treatment	79,050	30% completed
	Quintrell Downs and Lane Sewerage	70,000	Completed
	Sewer Extension to Victoria, Roche	7,300	25% completed

Local Authority	Scheme	Estimated Cost £	Remarks
St. Germans Rural District	Pillaton Sewerage and Sewage Treatment	15,360	60% completed
Truro Rural District	Frogpool Sewerage and Sewage Treatment	11,900	50% completed
	Porthtowan and Mount Hawke Sewerage and Sewage Treatment	158,645	25% completed
	Shortlanesend Sewerage and Sewage Treatment	32,983	90% completed
	Threemilestone Sewerage	39,300	95% completed
	Sewer extension to Gloweth	13,500	Completed
	Veryan Sewerage and Sewage Treatment	30,690	Completed
Wadebridge and Padstow Rural District	St. Minver Sewerage and Sewage Treatment	171,206	Completed
West Penwith Rural District	Gwithian Churchtown Sewerage and Sewage Treatment	8,600	Completed
	Long Rock Industrial Site Sewerage	14,650	Completed
TOTAL	26 Schemes	1,598,916	

TABLE 2

Schemes of Sewerage and sewage disposal submitted during 1970 for grant under:

A. Rural Water Supplies and Sewerage Acts

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Kerrier Rural District	Coverack Sewerage & Sewage Disposal Scheme	144,498	Approved subject to conditions
Launceston Rural District	Yeolmbridge Sewerage and Sewage Disposal Scheme	30,500	Approved
	Bathpool Sewerage and Sewage Disposal Scheme	15,070	Approved
Liskeard Rural District	Polperro Sewerage and Sewage Disposal Improvement Scheme	30,000	Approved subject to conditions
	Dobwalls, Treburgey Water and Doublebois Sewerage and Sewage Treatment Works Extension	65,664	Approved
St. Austell Rural District	Victoria, Roche; Sewer extension	7,300	Approved subject to conditions
	St. Columb & St. Mawgan Sewerage Scheme	529,000	Approved subject to conditions
	Sewer extension to Trewollack Lane, Gorran Haven	5,400	Approved
St. Germans Rural District	Hatt Sewerage and Sewage Treatment Scheme	47,990	Approved subject to conditions
Truro Rural District	Threemilestone; Truro Sewerage Scheme; Gloweth Sewer Extension	13,500	Approved
	Cubert and Holywell Sewerage Scheme	144,175	Approved
	Perranporth Sewerage: Sewer extension to the hamlet of Cocks and Gear Sands Holiday Area	42,550	Approved subject to conditions

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Wadebridge and Padstow Rural District	St. Minver Sewerage Scheme; Pityme Lane extension.	1,400	Approved
	Port Isaac Sewerage and Sewage Disposal Scheme	171,314	Approved
	St. Kew Highway: sewer extension to Tretawn	1,925	Approved subject to conditions
	Wadebridge Sewerage and Sewage Disposal Scheme	575,500	Approved
	St. Mabyn Comprehensive Sewerage and Sewage Disposal Scheme. Stage 1; St. Kew Highway	54,550	Approved
West Penwith Rural	Sewer extension to Bosvine Lane, Sennen	1,860	Approved
	Drift Sewerage and Sewage Disposal Scheme (amended)	22,000	Approved
	Proposed sewer connections Trelissick Road, Hayle	555	Approved
	Guildford Road, Hayle, sewer extension	14,300	Approved subject to conditions
	Marazion Sewerage and Sewage Disposal	10,500	Approved subject to conditions
TOTAL	22 schemes	£1,929,551	

B. Local Government Act, 1958, Section 56

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Helston Borough	Sewage Treatment Works Modernisation and extension Scheme	250,000	Decision deferred pending determin- ation of Cornwall River Authority's planning application for the use of Loe Pool

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Launceston Borough	Launceston Borough Sewerage and Sewage Disposal Improvement Scheme	138,250	Approved
Looe Urban District	Sewerage and Sewage Treatment (Amended Scheme)	747,520	Approved
Torpoint Urban District	Sewerage and Sewage Disposal Scheme	404,000	Approved
TOTAL	4 schemes	£1,539,770	

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following proposals were investigated by Engineering Inspectors of the Ministry of Housing and Local Government; the County Public Health Officer attended these Inquiries and gave evidence on behalf of the County Council.

Launceston Borough	Sewerage improvements and extensions to treatment works.
St. Ives Borough	Use of land at Nance as a refuse tip.
Saltash Borough	Modernisation of sewerage system and extensions to treatment works.
Launceston Rural District	Yeolmbridge Sewerage and Sewage Disposal
Truro Rural District	Use of land at Newlyn East as a refuse tip. Ladock Valley Sewerage and Sewage Disposal. St. Mawes Sewerage and Sewage Disposal.
St. Germans Rural District	St. Dominic Sewerage and Sewage Disposal
West Penwith Rural District	Use of land at Canonstown as a refuse tip
West Penwith Rural District Kerrier Rural District	Hayle Valley Trunk Sewerage Scheme: preliminary assessment of project by Ministry Engineering Inspector

REFUSE DISPOSAL

Every local authority in Cornwall disposes of domestic and trade refuse by tipping on to land or into disused quarries. Of the 33 sites used for this purpose, 22 are properly controlled in accordance with the recommendations of the Department of Environment, whilst the remainder consist of a variety of tips that at best may be called partly controlled, and at worst are merely crude dumps.

The aim of the County Health and Planning Departments is to encourage District Councils to close unsatisfactory or unsightly refuse tips and wherever possible join with neighbouring authorities in promoting long-term land reclamation schemes. But if this policy is to succeed the general public must feel confident that the County Council as planning authority will rigidly enforce any planning conditions designed to prevent the tipping area becoming a source of public nuisance. To achieve this control the County Public Health Officer and a Senior Officer of the County Planning Department will in future regularly inspect all refuse tips in the County that are subject to planning conditions and report any contraventions.

During 1970 planning consent was granted for three new sites for refuse tips, and a further three applications were called in by the Department of the Environment and made the subject of local public inquiries. Of the latter one was subsequently approved, one has been left in abeyance, and in the final case the Minister's decision is awaited.

One land reclamation scheme that commenced in 1970 involved the tipping of refuse on an area of little agricultural value at Conce Moor. This project, a joint venture by the Bodmin Borough and St. Austell Rural District Councils enabled them to close their existing sites and concentrate their resources at a single tip. Ultimately it is hoped that the St. Austell Urban District Council will abandon their present tip and also join the scheme. The concentration of these three local authorities should enable the whole area to be reclaimed rapidly and efficiently, with a minimum of nuisance to local residents.

The number of refuse tips in operation within the County has been reduced by two during the year; details of those remaining are as follows:

	Boroughs (10)	Urban Districts (7)	Rural Districts (10)	Total all Districts
Controlled tipping according to Ministry recommendations	4	5	13	22
Partially controlled tipping		1	3	4
Uncontrolled tipping	1	1	5	7

CARAVAN SITES FOR GYPSIES

The Caravan Sites Act 1968, requires the County Council to provide caravan sites for gypsies and persons having a nomadic habit of life. Consultations held between officers of the County Council and District Councils have shown that the number of families coming strictly within the terms of the Act total between 20 and 30 and it is specifically for these people that the County Council are required to provide sites. In addition to the nomads there are, scattered throughout the County, a number of homeless or displaced people living under generally unsatisfactory and unhygienic conditions. These groups are the direct concern of District Councils who have a statutory duty to consider the housing conditions of their districts. In an effort to improve the lot of many of these people one District Council has provisionally agreed to take part in a joint venture with the County Council whereby a caravan site will be provided for both the nomadic and homeless families.

The Department of the Environment has been asked informally to express their views on our suggestions for the location and number of sites that ought to be provided in Cornwall. When these views are forthcoming a detailed scheme will be submitted for the County Council's approval, and the first site could be completed and in operation by the Spring of 1972.

MEAT INSPECTION

Animals are slaughtered for human consumption at abattoirs sited in 18 of the 27 local authority areas in the County. The Public Health Officers of these authorities are responsible for the examination of every carcass and its associated organs, and for the condemnation of all diseased or unsound meat.

The total number of cattle, sheep, and pigs slaughtered during 1970 was 522,802 and of these 2,149 were condemned as being totally unfit for human consumption, whilst a further 79,096 required condemnation of some part or organ. The total weight of meat condemned during the year was 337 tons.

Since 1964 the trend has been for fewer animals to be slaughtered in this County, the 1970 total being 23,300 less than in 1969, and 236,000 below the 1964 peak figure.

The statistical information given in the following table has been made available by courtesy of the District Medical Officers of Health and Public Health Inspectors of the Local authorities in the County who have abattoirs in their areas.

	CATTLE			Sheep and Lambs	Pigs
	Cattle (excl. cows)	Cows	Calves		
Number killed	32,439	16,215	27,301	194,959	251,888
Number inspected	32,439	16,215	27,301	194,959	251,888
All diseases except cysticercosis and tuberculosis					
(a) Whole carcase condemned	71	274	268	885	641
(b) Carcase of which some part or organ was condemned	12,361	7,169	293	21,719	33,696
Tuberculosis only					
(a) Whole carcase condemned	1	5	—	—	1
(b) Carcase of which some part or organ was condemned	65	188	1	—	3,356
Cysticercosis only					
(a) Whole carcase condemned	—	5	—	—	—
(b) Carcase of which some part or organ was condemned	188	60	—	—	—
Gross weight of meat condemned	337 tons		3 cwts.	1 qr.	16 lbs.

HOUSING

The number of new houses and flats completed in Cornwall during 1970 totalled 2,938, the lowest figure since 1965, and 543 fewer than were built in the highest recorded year of 1968. Of the grand total, 2,699 were built by private enterprise, 583 by District Councils and 28 by other public authorities. The general indications are that the coming year will be one of expansion in the house building industry, and a total of well over 3,000 new homes can be confidently predicted.

District Councils have a statutory duty to secure demolition or closure of old worn out houses that are unfit for human habitation, and 165 dwellings were dealt with in this manner during the year.

Detailed statistical information on the number of new houses built and unfit houses demolished in each Local Authority's area is given in the table on page 108 whilst the graph on page 112 indicates the annual house completion rates since 1950.

Housing (Financial Provisions) Act, 1958 – County Council Contributions

Where an exchequer contribution of the special standard amount is made by the Department of the Environment to District Councils principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution.

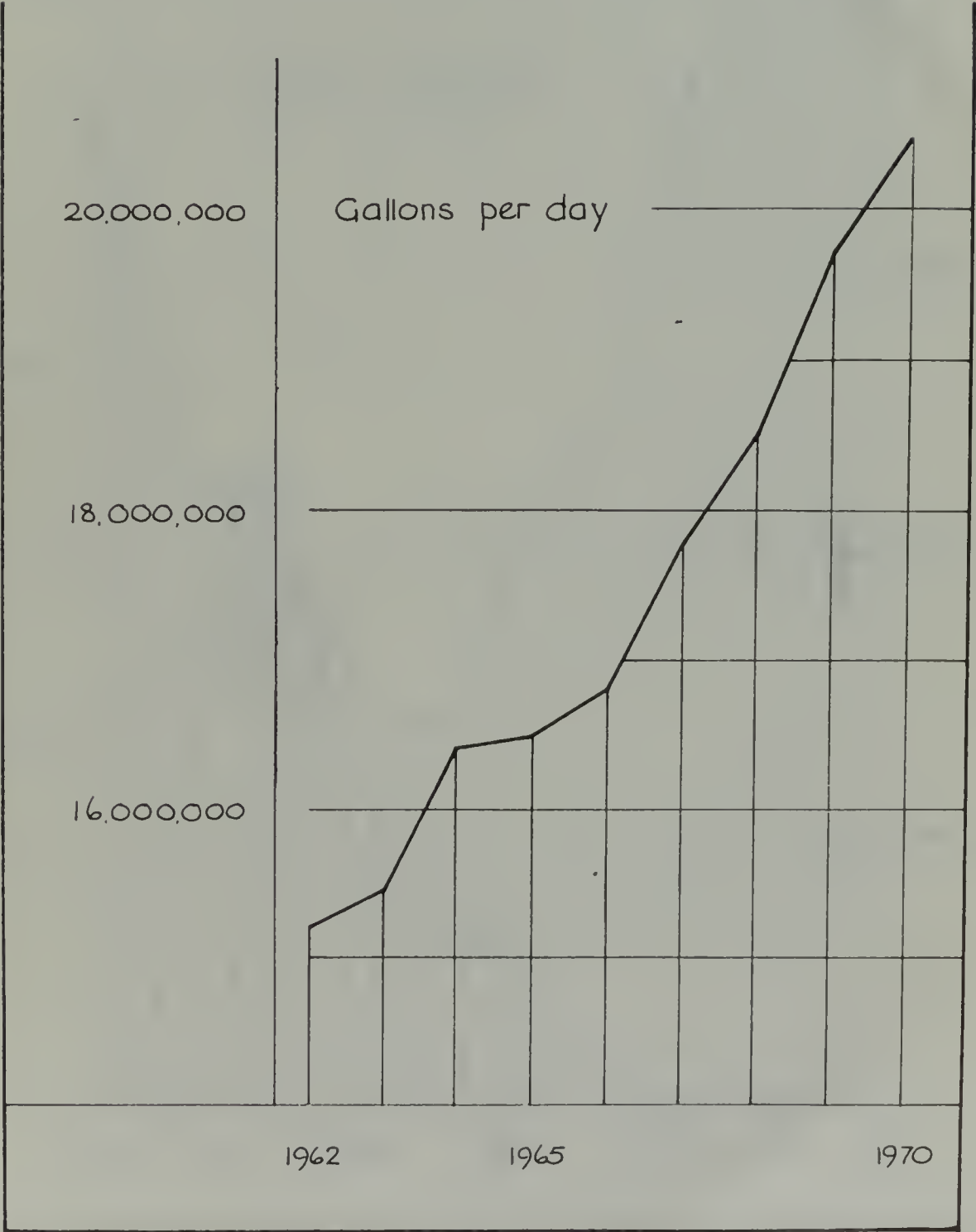
These contributions are payable for a period of 60 years at varying rates of £1; £1.50; or £2.50 per house according to the date when the schemes are approved by the Department. In 1970, the County Council paid in total £1,530 to 18 District Councils.

Local Authority	Estimated Population	Unfit houses demolished or closed during 1970	Dwellings under construction at 31.12.70 by				Dwelling completed during 1970 by			Dwelling completed since 1945 by
			Local Authorities	Other Public * Authorities	Private Enterprise	Local Authorities	Other Public * Authorities	Private Enterprise	Local Authorities	
Boroughs										
Bodmin	8,400	5	64	—	58	50	—	99	751	882
Falmouth	17,360	11	—	—	44	21	—	25	965	1,027
Helston	10,190	5	6	4	159	24	—	69	565	1,075
Launceston	4,700	—	49	—	9	28	—	21	308	331
Liskeard	4,900	—	—	—	22	—	—	18	532	330
Penryn	5,200	5	62	—	22	—	—	41	355	369
Penzance	18,770	2	46	—	85	38	—	129	929	905
St. Austell with Fowey	29,830	24	46	—	167	12	—	175	1,741	2,805
St. Ives	8,850	—	4	—	47	—	—	13	417	726
Saltash	9,280	2	21	6	148	22	—	255	482	1,232
Truro City	14,560	3	3	—	245	—	—	57	1,202	948
11 Boroughs: Total	132,040	57	301	10	1,006	195	—	902	8,247	10,630
Urban Districts										
Bude-Stratton	5,300	—	—	—	34	—	—	37	206	465
Camborne-Redruth	38,770	25	50	14	421	56	2	407	1,503	2,997
Looe	4,030	—	—	—	31	—	—	4	144	545
Newquay	12,480	1	17	—	60	55	—	89	681	1,490
St. Just	3,450	3	14	—	5	30	—	11	126	60
Torpoint	6,230	—	—	—	14	39	—	2	441	333
6 Urban Districts: Total	70,260	29	81	14	565	180	2	550	3,101	5,890

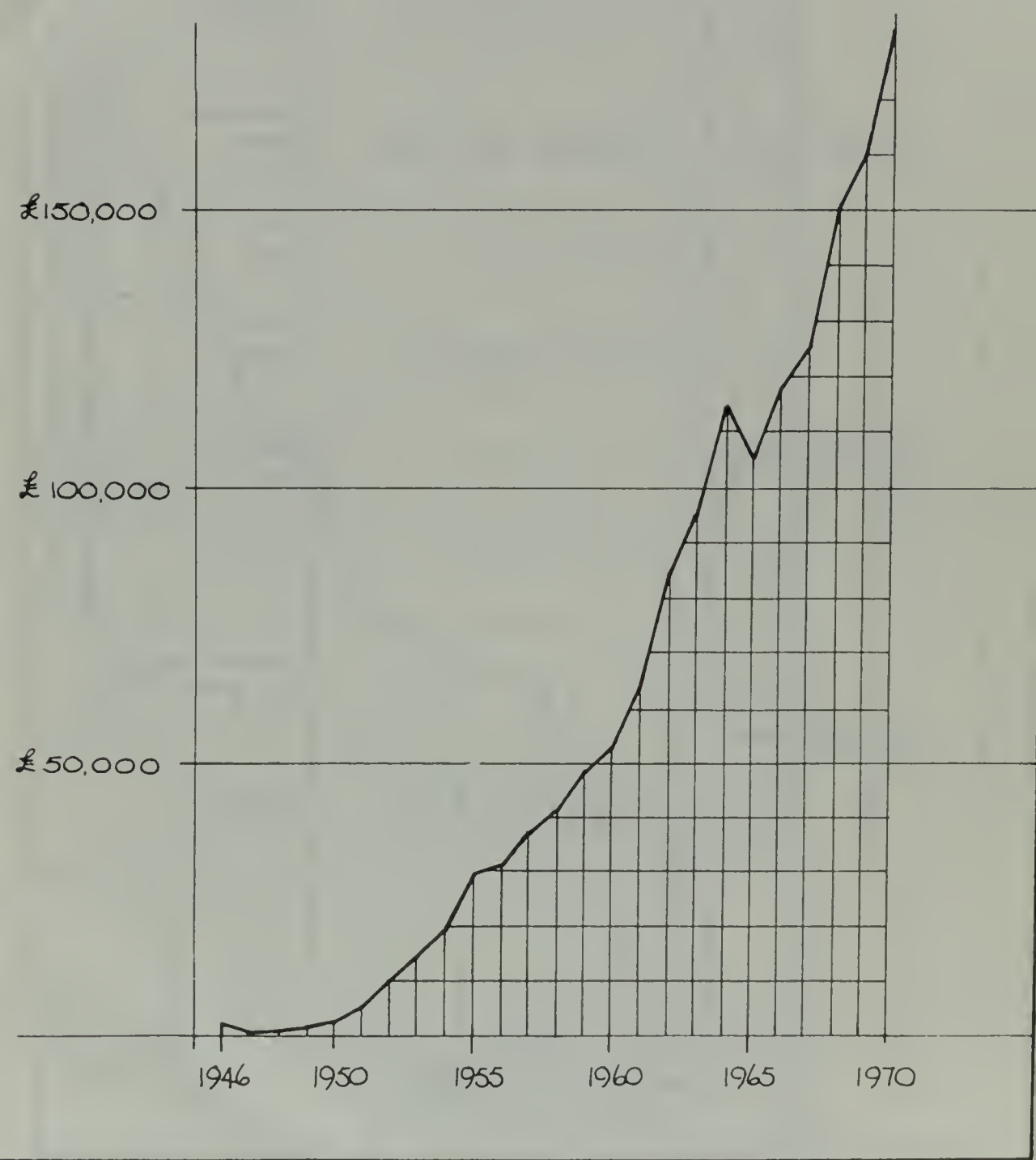
Local Authority	Estimated Population	Unfit houses demolished or closed during 1970	Dwellings under construction at 31.12.70 by			Dwellings completed during 1970 by			Dwellings completed since 1945 by	
			Local Authorities	Other Public * Authorities	Private Enterprise	Local Authorities	Other Public * Authorities	Private Enterprise	Local Authorities	Private enterprise and other Public Authorities *
Rural Districts										
Camelford	6,960	-	-	-	43	-	-	43	316	266
Kerrier	22,970	26	39	-	132	16	-	80	716	1,626
Launceston	7,060	-	-	-	63	-	-	49	148	268
Liskeard	13,720	-	33	4	166	14	4	143	603	934
St. Austell	24,540	6	16	-	183	34	-	108	808	1,139
St. Germans	15,240	11	8	-	84	10	-	103	588	1,047
Stratton	4,670	-	-	-	16	2	-	20	197	244
Truro	29,060	-	41	-	243	28	-	224	1,125	2,536
Wadebridge & Padstow	17,500	16	7	-	45	53	-	57	742	930
West Penwith	17,910	20	57	-	153	36	2	83	834	1,159
10 Rural Districts: Total	159,630	79	201	4	1,128	193	6	910	6,077	10,149
Totals for County	361,930	165	583	28	2,699	568	8	2,362	17,425	26,669

* Includes Government Departments and Housing Associations.

PUBLIC WATER SUPPLY
AVERAGE DAILY CONSUMPTION



WATER SUPPLIES & SEWERAGE COST TO THE COUNTY COUNCIL.



NEW HOUSES - 1951 - 1970

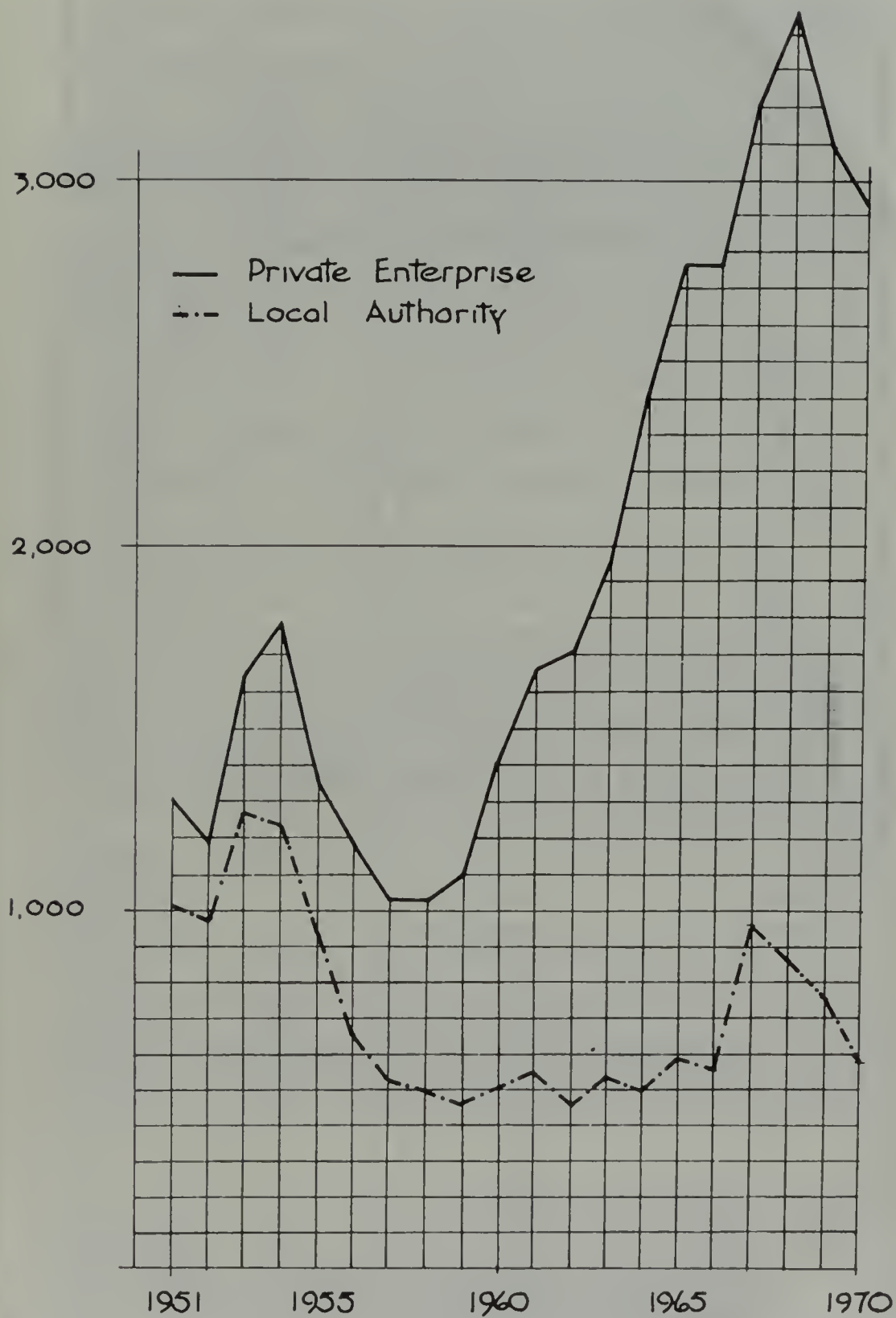


TABLE I

Estimated Population and Total Number of Births and Deaths in each County District for the Year 1970

Area in Acres	County Districts	Estimated Home Pop. 1970	Live Births						Still births	Deaths						Per-natal mortality Rate				
			Legitimate			Illegitimate				Comparability Factor	Under 1 Year			At All Ages						
			M	F	Total	M	F	Total			Rate	M	F	Total	Rate per 1000 LB		M	F	Total	Rate
3,312	Bodmin	8,400	83	75	169	6	5	1.12	2	2	4	24	84	103	187	22.3	0.52	18		
4,296	Bude-Stratton	5,300	18	28	51	2	3	1.25	2	—	—	—	46	49	95	17.9	0.67	38		
22,062	Camborne-Redruth	38,770	292	296	636	19	29	1.06	9	5	10	16	268	268	536	13.8	0.88	23		
1,880	Falmouth	17,360	109	103	235	13	10	1.15	4	3	1	17	136	113	249	14.3	0.81	25		
4,014	Helston	10,190	127	130	271	9	5	0.81	3	3	4	7	59	63	122	12.0	0.84	26		
2,180	Launceston	4,700	27	35	65	2	1	1.09	1	1	—	1	39	57	96	20.4	0.49	30		
2,704	Liskeard	4,900	30	35	70	1	4	1.20	—	—	2	2	37	65	102	20.8	0.44	29		
1,691	Looe	4,030	22	16	43	1	4	1.39	1	1	—	1	38	34	72	17.9	0.62	23		
4,599	Newquay	12,480	89	76	175	6	4	1.24	3	1	1	2	105	95	200	16.0	0.61	28		
829	Penryn	5,200	43	37	91	4	7	1.02	—	—	—	—	28	26	54	10.4	1.13	—		
3,155	Penzance	18,770	103	101	230	17	9	1.14	5	—	3	3	13	130	154	284	15.2	0.82	26	
21,358	St. Austell with Fowey	29,830	198	210	464	29	27	1.13	10	5	2	7	15	249	242	491	16.5	0.76	30	
4,287	St. Ives	8,850	33	49	90	3	5	1.22	—	—	1	1	11	72	70	142	16.2	0.68	—	
7,634	St. Just	3,450	23	14	42	2	3	1.11	1	1	1	2	48	29	32	61	17.7	0.72	70	
5,386	Saltash	9,280	74	73	154	5	2	1.09	3	3	—	3	19	50	53	103	11.1	0.90	38	
988	Torpoint	6,230	51	41	99	3	4	1.36	—	—	—	—	—	30	32	62	10.0	1.23	—	
2,634	Truro City	14,560	93	93	194	5	3	1.03	1	—	2	2	10	83	93	176	12.1	0.87	5	
93,009	Urban TOTALS	202,300	1,415	1,412	3,079	127	125	1.11	45	25	24	49	16	1,483	1,549	3,032	15.0	0.75	23	
52,544	Camelford	6,960	59	47	112	5	1	1.24	2	1	—	1	9	47	64	111	15.9	0.69	26	
90,839	Kernier	22,970	142	117	278	10	9	1.09	3	4	2	6	22	145	133	278	12.1	0.95	21	
85,122	Launceston	7,060	42	50	98	3	3	1.10	1	2	2	4	41	36	47	83	11.8	0.92	20	
104,803	Liskeard	13,720	92	93	197	8	4	1.20	2	1	2	3	15	107	85	192	14.0	0.85	20	
85,545	St. Austell	24,540	162	148	346	18	18	1.07	2	3	3	6	17	131	128	259	10.6	0.96	14	
48,533	St. Germans	15,240	97	100	206	4	5	1.25	4	4	—	4	19	130	107	237	15.6	0.82	38	
56,220	Stratton	4,670	25	27	58	5	1	1.25	1	2	1	3	52	36	30	66	14.1	0.89	34	
108,316	Truro	29,060	206	171	417	14	26	1.18	5	2	6	8	19	211	212	423	14.6	0.80	24	
91,573	Wadebridge with Padstow	17,500	99	117	232	8	8	1.11	8	1	3	4	17	123	118	241	13.8	0.89	42	
59,792	West Penwith	17,910	113	110	247	15	9	1.15	2	1	2	3	12	145	142	287	16.0	0.87	12	
783,287	Rural TOTALS	159,630	1,037	980	2,191	90	84	1.14	30	21	21	42	19	1,111	1,066	2,177	13.6	0.87	24	
876,296	Whole County	361,930	2,452	2,392	5,270	217	209	1.13	75	46	45	91	17	2,594	2,615	5,209	14.4	0.81	23	
4,041	Isles of Scilly	2,000	16	13	32	3	—	0.92	—	—	—	—	—	12	8	20	10.0	1.10	—	

Estimated Population and Total Number of Births and Deaths in Cornwall (excluding the Isles of Scilly) during Recent Years

Year	Estimated Population	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate			Illegitimate				Rate	Under 1 year			Rate per 1,000 live-births	At all ages		
		Male	Female	Total	Male	Female	Total			Male	Female	Total				
														3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1900	320,420	3,957	3,842	*	*	7,799	24.3	+	*	985	126.3	2,498	2,773	5,271	16.5	
1910	320,613	3,434	3,288	*	*	6,722	21.0	+	*	575	85.5	2,298	2,308	4,606	14.4	
1920	317,970	3,403	3,240	190	158	6,991	22.0	+	249	416	59.5	1,978	2,215	4,193	13.2	
1930	318,713															
(a)	318,028	2,280	2,096	123	123	4,622	14.8	225	137	237	51.3	1,985	2,284	4,269	13.7	
(b)	329,138															
1940		2,127	1,945	100	96	4,268	13.0	163	116	206	48.3	2,357	2,567	4,924	15.0	
		2,215	2,125	161	132	4,633	12.5	183	159	267	52.5	2,465	2,721	5,186	14.0	
(c)	339,999	2,333	2,236	124	126	4,819	14.2	125	79	145	29.2	2,254	2,418	4,672	13.8	
1951	(c) 339,800	2,306	2,321	129	109	4,865	14.3	114	98	163	33.0	2,370	2,493	4,863	14.3	
1952	(c) 341,861	2,379	2,282	116	100	4,877	14.3	115	84	149	30.6	2,105	2,271	4,376	12.8	
1953	(c) 341,463	2,306	2,218	94	134	4,752	14.0	118	77	51	128	2,193	2,322	4,515	13.2	
1954	(c) 341,350	2,420	2,198	100	101	4,819	14.1	158	67	33	100	2,308	2,209	4,517	13.2	
1955	(c) 339,760	2,108	2,108	113	89	4,418	13.0	129	76	42	118	2,304	2,370	4,674	13.8	
1956	(c) 338,760	2,298	2,231	115	107	4,751	14.0	132	55	55	110	2,292	2,337	4,629	13.7	
1957	(c) 338,770	2,350	2,225	94	100	4,769	14.1	149	66	52	118	2,217	2,287	4,504	13.3	
1958	(c) 337,380	2,469	2,205	107	89	4,870	14.4	129	62	32	94	2,312	2,318	4,630	13.7	
1959	(c) 337,580	2,400	2,155	80	99	4,734	14.0	126	49	32	81	2,196	2,332	4,528	13.4	
1960	(c) 337,110	2,440	2,303	116	90	4,949	14.7	99	55	32	87	2,306	2,300	4,606	13.7	
1961	(c) 333,700	2,404	2,239	135	124	4,902	14.6	123	70	37	107	2,337	2,432	4,769	14.2	
1962	(c) 339,110	2,506	2,400	148	152	5,206	15.4	124	62	43	105	2,393	2,459	4,852	14.3	
1963	(c) 341,110	2,534	2,330	150	123	5,137	15.1	116	56	42	98	2,615	2,558	5,173	15.2	
1964	(c) 344,880	2,659	2,473	147	172	5,451	15.8	112	65	46	111	2,389	2,361	4,750	13.8	
1965	(c) 347,150	2,561	2,486	192	162	5,401	15.6	99	62	38	100	2,429	2,526	4,955	14.3	
1966	(c) 351,160	2,524	2,489	171	178	5,362	15.3	108	47	30	77	2,547	2,475	5,022	14.3	
1967	(c) 354,240	2,464	2,331	192	192	5,179	14.6	85	41	35	76	2,463	2,408	4,871	13.8	
1968	(c) 357,710	2,460	2,278	217	177	5,132	14.3	93	50	36	86	2,668	2,641	5,309	14.8	
1969	(c) 360,200	2,522	2,384	204	220	5,330	14.8	66	51	34	85	2,537	2,526	5,063	14.1	
1970	(c) 361,930	2,452	2,392	217	209	5,270	14.6	75	46	45	91	2,594	2,615	5,209	14.4	

*note distinguished – + not available – (a) for birth rate – (b) for death rate – (c) total population (including non-civilians stationed in County)

TABLE III

Causes of Death at Specified Ages

R.G.'s Code	Cause of Death	All Ages		0-		1-		5-		15-		25-		35-		45-		55-		65-		75-		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
B 1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 3	Bacillary dysentery and amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 4	Enteritis and other diarrhoeal diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 5	Tuberculosis of respiratory system	4	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	4
B 6	Other tuberculosis, incl. late effects	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	1	2	-	6	1
B 7	Plague	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	1	-	1	-	4	2
B 8	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 9	Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 10	Streptococcal sore throat and Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 11	Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 12	Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 13	Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 14	Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 15	Typhus & other rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 16	Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 17	Syphilis & its sequelae	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B 18	All other infective and parasitic diseases	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
B 19*	Malignant neoplasms incl. neoplasms of lymphatic & haematopoietic tissue	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	1	1	-	2	4
B 20	Benign & unspecified neo- plasms	936	-	1	-	2	1	2	1	2	4	5	4	11	17	36	33	98	112	169	164	128	152	453	483
B 21	Diabetes mellitus	16	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	7	2	3	-	10	6
B 22	Avitaminoses and other nutritional deficiency	66	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	6	3	9	10	13	22	29	37
B 23	Anaemias	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
B 24	Meningitis	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	6	4	7	7
		4	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	3

			M	F	T
B.19	(1)	Malignant neoplasm:			
		buccal cavity etc.	7	5	12
	(2)	-do-	22	24	46
	(3)	-do-	65	50	115
	(4)	-do-	43	78	121
	(5)	-do-	3	—	3
	(6)	-do-	131	45	176
	(7)	-do-	1	109	110
	(8)	-do-	—	41	41
	(9)	-do-	35	—	35
	(10)	Leukaemia	17	9	26
	(11)	Other malignant neoplasms	129	122	251
			<hr/>		
			453	483	936
			<hr/>		

TABLE IV
Number of Cases of Infectious Diseases Notified in Recent Years

Disease	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever	98	48	50	27	36	27	39	28	93	41
Whooping Cough	369	171	120	96	293	141	78	129	34	25
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	6,689	1,514	4,482	1,489	2,791	2,256	4,270	423	641	2,488
+Pneumonia	121	98	118	92	84	83	71	—	—	—
Acute Meningitis	3	9	4	6	2	—	6	4	6	4
Acute Poliomyelitis	—	3	—	—	—	—	—	—	—	—
Acute Encephalitis	5	2	4	2	1	2	3	—	—	5
Dysentery	39	32	34	73	745	74	42	36	40	1
Ophthalmia Neonatorum	—	4	1	2	3	—	—	—	—	—
+Puerperal Pyrexia	68	81	62	38	33	8	11	—	—	—
Paratyphoid Fevers	—	—	1	1	—	1	—	2	—	1
Typhoid Fever (excl. Paratyphoid)	—	—	1	—	1	—	—	—	—	—
Food Poisoning	21	27	6	9	6	1	1	10	11	18
+Erysipelas	18	15	23	12	12	13	13	—	—	—
Malaria	1	1	—	—	—	—	—	—	—	1
+Acute Rheumatism	1	3	1	3	4	1	1	—	—	—
*Infective Jaundice	—	—	—	—	—	—	—	7	98	35
*Leptospirosis	—	—	—	—	—	—	—	—	1	1

*Notifiable from 1st October, 1968. + Ceased to be notifiable from 1st October, 1968.

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